MEDICAL ECONOMICS



MARCH, 1938

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MEDICAL ECONOMICS

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

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In the Pneumonias (whatever the type)



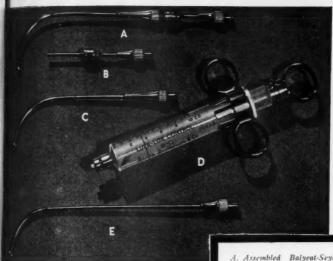
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- B. Connector, joining the B-D Lucr-Lok Control Syringe, by means of a second Lucr-Lok, to the Laryngeal Cannula proper.
- C. The Laryngeal Cannula.
- D. 10 cc. Luer-Lok Control Syringe.
- E. Abraham Cannula, which also locks onto connector B if desired, or can be locked directly onto the metal tip of the Luer-Lok Control Syringe.

cannula firmly and prevents accidental dislodgment, but permits it to be easily detached. The same device serves a similar purpose in joining the two parts of the special cannula.

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RUTHERFORD, N. J.

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☆ SPEAKING FRANKLY ☆

APPROVAL

To the editors: Your article on "Medical Expense Insurance" in the February issue is extremely timely. It incorporates a splendid idea, and I sincerely hope the enabling act is soon passed, so that the advantages of the plan may be extended to the other states.

M.D., Mansfield, Ohio

TO THE EDITORS: Medical expense insurance would seem to be as fine an idea as group hospitalization. It deserves the support of all medical men.

M. Abramson, M.D. Minneapolis, Minn.

To the editors: Medical expense insurance offers a timely solution to the problem of the costs of medical care. The only disadvantage I can see to it is that many individuals will fail to subscribe to such a plan. Not because of objections to it, but because of the human tendency to procrastinate.

There is bound to be a goodly percentage of people who will never obtain medical expense insurance, just as there are countless individuals in communities where group hospitalization is available who do not utilize at either.

M.D., New Haven, Conn.

INTERNS

To the editors: Congratulations for your excellent article, "Interns Can Take Money." The present vampire system used by hospital administrations, with the intern as victim, has gone on long enough. A thorough airing of this pernicious "racket" is certainly in order.

Perhaps the hospitals aren't to blame. Human nature seems to dictate a something-for-nothing attitude; and the intern, improperly organized, is at the mercy of such dictates.

Naturally the hospital plays up the idea that the intern is receiving valuable training in return for his services. And, unquestionably, valuable training is received. So much so, in fact, that every state should require at least one year's internship before issuing a license to practice.

Still, that is no excuse for the present exploitation of the intern. Even if we ignore the poor financial condition of the average doctor at graduation, there remains no excuse for paying him a salary which would be an insult to a self-respecting janitor.

Consideration should certainly be given to the financial burden which he has necessarily imposed on his family. He should receive an opportunity to become self-supporting.

After all, the intern's labors in the hospital entitle him to a reasonable salary plus satisfactory living conditions.

No stretch of the imagination could place a reasonable salary at less than \$100 a month.

The intern is a vital factor to the hospital. But since he has failed to stand up for his rights, he has been trampled unmercifully.

Without question, this state of af-

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fairs has forced many young doctors to give up hospital training prematurely. But the hospitals do not concern themselves with that phase of the problem. And why should they, since their interest in the intern appears to be entirely a selfish one.

Obviously, the intern needs a strong national organization. As stated in an editorial in your December issue, such an organization should be devoted exclusively to the intern's professional interests, and in no way aligned with labor groups. Undoubtedly, there are older and more experienced physicians who would gladly serve as counsel. They should be affiliated with the organization.

At any rate, it's time for interns to develop some backbone and to demand their dues.

> J. Lloyd Mims, M.D. Chester, South Carolina

To the editors: Interns had better be careful because the public considers interns as a necessary evil to go with a hospital—doctors to be tolerated just in order to get hospital service. The average public citizen has no patience whatever with an intern, and the hospital administrators are not much better off.

The facts are that if interns become too demanding, it may be that the hospitals will hire doctors at special salaries and do without interns altogether. I know of one very fine hospital of some 200 beds that has discontinued the use of interns, feeling that they are more of a nuisance and trouble than a help.

The internship is given as added education to the doctor; and, as most

people realize, interns know more in every way as interns than they will know after ten years practicing medicine.

The public has lost patience with this kind of doctor. Therefore, the interns certainly should be careful. Otherwise they may be out on a limb with it sawed off in back of them.

> Bryce L. Twitty, Superintendent Baylor University Hospital Dallas, Texas

To the editors: The intern question resolves itself into this: Is the fifth year in medicine a teaching year? Or is it a year of service without the compensation of adequate teaching?

In Pennsylvania it is regarded as the fifth year in medicine, and the state board of medical licensure insists that adequate teaching shall be maintained. So, if the intern is receiving adequate teaching he is well compensated. But if he is giving a year of service only, without the compensation of adequate teaching and all that it implies, then he should unquestionably be paid.

A. R. Hazzard, Superintendent Easton Hospital Easton, Pa.

To the editors: I wonder how many physicians appreciate the ghastly humor and implications in the title, "Interns Can Take Money," which appears in your November, December, January, and February issues.

Of course interns can "take" money. After all, has not the moral atmosphere of the United States been so changed by the practices and propaganda of the New Deal that even the



Advanced Therapy in Gastre-Intestinal Disorders In palatable tablet form, the southing and corrective principles of Kao-Mucin (concentrated okras) have been skillfully combined with the healing qualities of Allantoin (the famous development from maggot therapy). Cinical evidence has firmly established the therapeutic claims for the product. Write for samples and literature. THE COLUMBUS PHARMACAL CO., Columbus, Oble

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(CAPSULES)

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most worthless residents can not only "take" money from worthy citizens who have saved it, but have it thrust upon them as well by our sanctimonious bureaucrats?

That is the situation, and everybody knows it. But it is sad to see a noble profession swept into this moral abyss.

I was brought up in the old Jeffersonian South. As a country boy, I had to borrow most of the cost of my medical education. I served for 27 months as an intern in Bellevue Hospital, working gladly and without any monetary compensation. To me, and to others like me, no doubt, the moral disintegration which your article implies is indeed tragic.

Is it possible that many of the young men from whom you heard have had their characters so warped by corrupt politics that they do not realize the unpurchaseable educational value of an internship in a large hospital, regardless of formal instruction

by the visiting staff?

If so—and it does seem to be so then I say to those of us who still have a different concept of our profession: "Tear her tattered ensign down!"

> Charles B. Slade, M.D. New York City

LUCRATIVE

TO THE EDITORS: We wish to take issue with a letter headed "Dogs" in January MEDICAL ECONOMICS, which states that "a group of people...have found antivivisection a lucrative business."

We hereby challenge this misinformed M.D. to name the persons who make antivivisection a lucrative business, or to name one officer or director of an antivivisection society anywhere in the United States who receives a salary from the society he serves.

It is truly unfortunate that the hon-

est, sincere, and hard-working persons who give their time, effort, and money to humane work have no remedy by law against such vicious and spiteful innuendoes calculated to belittle their efforts and to attribute to them a mercenary interest.

> George D. Patterson, President Illinois Anti-Vivisection Society Chicago, Ill.

OUANDARY

TO THE EDITORS: In the January issue of MEDICAL ECONOMICS, Dr. S. Schiffmann, of Newark, N. J., expressed a commendable idea. He suggested the establishment of a medical bureau for needy doctors. His proposal has given me the courage to write this appeal in my hour of need.

I am not unmindful of the dignity of the medical profession, or of pride in refusing outside aid, or of shame in admitting my helplessness in surmounting my own difficulties. However, circumstances are such that necessity and reality must be faced bold-

ly and unflinchingly.

So far I have tried every means at my disposal in seeking a medical position. But with only negative results.

I wrote to every life, casualty, and indemnity insurance company in America—and failed. I sought employment in many manufacturing concerns as a compensation doctor—and failed. I wrote to 150 hospitals—and failed. I sought employment through a medical bureau—and failed. I answered non-medical advertisements—and failed.

The response has invariably been "no vacancies," "too late," "sorry," "married men not wanted."

While I am not exactly disillusioned about the scheme of things, neither am I jubilant concerning my future prospects and serenity of mind.

My situation can be stated briefly and frankly as follows: I am a young,

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3 THE FAUCES, tonsils, and pharynx may then be thoroughly swabbed with ARGYROL solution.

The use of ARGYROL in these three ways drives the invading organisms from all their lodging points and inevitably hastens resolution of the cold.

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The hydrogen ion and silver ion concentration of ARGYROL are especially regulated for the treatment of delicate mucous membranes. The differences between ARGYROL and other silver salts in these respects no doubt have much to do with the irritation noted by doctors when allegedly equivalent mild silver proteins are substituted.

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energetic doctor, 37 years old, graduate of a class A medical school, father of two children, and with ten years' general practice to my credit.

Yet I am financially depleted. I have no visible income, no practice, and considerable responsibility.

Where does my future, and that of others like me, lie?

All I desire is an opportunity to redeem myself, regain my self-respect, and secure a medical position in order to support my family.

M.D., Allentown, Pa.

[Medical Economics is not in a position to investigate cases of this type or to wouch for them. However, it will gladly serve as a go-between in this instance, forwarding all replies promptly. —The Editors.]

COLLECTIONS

TO THE EDITORS: A recent article in MEDICAL ECONOMICS distinguished between collection lawyers and general lawyers, pointing out that a physician who wants an attorney to collect his delinquent accounts should retain one who specializes in that particular job.

In my candid opinion, however, lawyers of both types are poor collectors. They have one system from which they never deviate: a threatening letter, followed when necessary by a lawsuit.

As the article you published stated, the physician pays \$7.50 for the cost of this lawsuit, which money the attorney promptly puts in his pocket. Hence the necessity for a lawsuit.

If a systematic canvass were made among a representative group of physicians, it would probably reveal that they lose more money from collections never remitted to them by attorneys than from unscrupulous collection agencies.

You have rendered the medical profession a good service in warning them against dishonest collection companies. Yet you have never carried an article emphasizing the attributes and advantages of good agencies.

A reputable national collection agency collects amicably. It seldom brings suit. It exacts no costs. It endeavors to collect a bill today and make a friend tomorrow. It does business ethically and efficiently. It reports promptly. It can render a comprehensive service because it is equipped to do so.

C. J. Woodin, President Arrow Service Schenectady, N. Y.

PULSE

To the editors: I have read your articles on the subject of subsidies for medicine, and believe you are doing a fine piece of work in bringing this matter to the attention of the medical men of the country.

It is unfortunate that medicine's spokesmen are largely deans of medical schools, professors, health officers, and other salaried men. It is only natural that their experiences should differ from those of the men in the field or front-line trenches. These present spokesmen are much less able, in my opinion, to feel the pulse of the people at large than are the practitioners who live and work among them.

The entire problem of the provision of medical care was brought about by the economic depression. It will be cured only when the depression is completely over...

J. O. F. Kraushaar, M.D. Aberdeen, S. D.

BITES

To the editors: During most of my twenty years in practice, I have used an old device which I find helps me in my work a great deal. It is the "one bite" rule.

Mindful of the saying about a dog being allowed one bite, I also allow "one bite" to anyone who comes to my office or calls me. Then if he fails

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Black Tar Ointment, Burns, Stains, Pustulates

An authoritative work on Eczema Therapy states: "There has recently been perfected a colorless coal tar which has been tested by us in several hundred cases. It has proven as valuable as the black coal tar preparation, and the advantages of the diminution of the black color are perfectly obvious... It does not stain the skin or clothing, nor does it burn or irritate the skin. We have seen no pustulations following its application. It can remain on the skin indefinitely without fear of dermatitis."*

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*Swartz and Reilly, "Diagnosis and Treatment of Skin Diseases", pp. 66-67.

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to clear up his old account, I refuse to give him any further service (except, of course, in emergencies).

You'd he surprised to see how this works and how news of it gets about. . . Patients soon realize that you mean business.

If every professional man followed this cue, we could at least keep up with the deadbeats in style and comfort. After all, if you can't make a man pay two or three dollars for a minor call, how can you collect one or two hundred dollars for an operation?

J. A. Schurgot, M.D. Grafton, Ohio.

ETHICS

To the editors: I have just installed an x-ray machine, a fluoroscope, and an electrocardiograph in my office. What would be the ethical and best way to let my patients know about these additions to my equipment?

M.D., New York

[Notifying patients about the installation of new equipment is a delicate procedure and must be done with considerable care since the physician does not always know who is his patient and who isn't. We suggest, in your case, that a dignified announcement be prepared and mailed only to those patients who you are absolutely positive are your own and are not being treated now by some other physician.—The Editors!

REEKS

To the editors: I am completely opposed to any form of group hospitalization which provides medical service outside of the routine laboratory and pathological services. I feel that concerted action should be taken by all physicians to stop the movement for inclusion of medical services in group hospitalization contracts. My reasons are as follows:

1. The character of the physicianpatient relationship would be debased; and lack of personal interest in the patient would undoubtedly develop.

2. A tendency toward lower quality of service would be invited.

State medicine would be brought another step nearer.

4. Patients would in one way or another obtain hospitalization when not necessary, in order to get free medical and surgical attention; in other words, people with trivial complaints would go to the hospital for treatment as often as their contract allowed, in order to avoid the medical fees they would have to pay if treated at home.

 Any set-up for treating the sick which reeks of contracts, limitations, rules, and regulations governing treatment is bound eventually to disillusion both the patient and physician.

Spencer B. Caldwell, M.D. Baldwin, Long Island, N. Y.

SARDINES

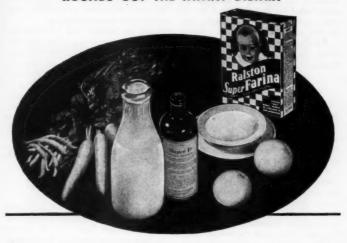
TO THE EDITORS: One of the great problems of the medical profession today is its overcrowded position. New doctors are being graduated faster than the old ones die off and the population increases.

There are, I understand, 25,000 too many doctors in the United States now, which gives us more in proportion to the population of any country in the world. Two thirds of the physicians in the cities could easily do all the work and then barely make a good living.

By the end of 1938, over \$21,000,000 will have been appropriated for the U. S. Public Health Service, and over \$6,000,000 for the New York State Department of Health alone. This money will be spent to improve and maintain the health of the people—which is highly commendable. But it will also reduce the work and income of physicians so that a smaller number will be needed.

The best way to reduce this oversupply of medical men, in my opinion,

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Fortified with extra iron and calcium salts, it supplies in each feeding as much iron as 3 eggs, \(\frac{1}{2} \) of a day's calcium requirement... an important consideration for children who will not eat or who are allergic to eggs and milk.

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is for the Association of American Medical Colleges to cut down proportionately the number of matriculants each year-say from 5% to 15%-so that there will be that many less doctors graduated annually.

We should also keep foreign physicians from locating in the United

States.

Merle A. Place, M.D. Hornell, N. Y.

HAMMERER

To the editors: Medical patenting is a subject which needs repeated hammering on the anvil of public opinion in order to flatten out the rough spots.

Consider the way the matter now stands. Technically, patent royalties for physicians are still taboo in sentiment-controlling quarters. Yet what does organized medicine offer the doctor-inventor to induce him to make known to the world the results of his

creative genius?

Take a common example: You conceive and develop a mechanism which will aid, say, in the diagnosis of human ills. You write a description and send it to the proper medical journal so as to establish its position in scientific literature. You expose it to numerous critics at the office of the journal, none of whom is sworn to secrecy. You are absolutely unable to establish your priority of claim until such time as your type of article is wanted by the editor-which may be months.

Finally, to your dismay, the article is returned to you with the comment that perhaps the mechanism will not do all you claim for it and that, anyway, it would not be of "general interest to the profession." At that point, is your face red? Your invention is no longer novel because those who inspected it abhor secrecy by their

own admission.

Why shouldn't they be in doubt about the properties of your invention and your statements regarding it. They apparently know none of the essentials of showing diligence in an invention, which, according to the government, are three: priority of conception, reduction to practice, and application for a patient...

It is no wonder that Vesalius, the world's greatest research worker, tore up his records after having laid open the chests of living dogs and actually shown the heart pumping blood through the lungs. He had failed of recognition by his contemporaries. Nevertheless, his laboratory was visited a few years later by the famous Harvey, who, on returning to England, "discovered" the circulation!

> Carleton Deederer, M.D. Miami, Fla.

PENSIONS

To THE EDITORS: I received an appeal for funds today from the Physicians' Home, of New York City. If doctors in these modern times had the business sense of children, such financial appeals would not be necessary.

By way of arriving at a solution, why not levy a small tax on all sales resulting from new discoveries such as insulin? A fund could then be set up for old doctors and for their widows and children.

I can't see any reason why schoolteachers, politicians, and public servants should receive pensions when doctors get nothing for their long arduous hours of service.

I recently asked seven consecutive people in my clinic-all persons of good intelligence-what they thought I was paid by the hospital. Everyone said in substance that he did not know but that he did know I received a good salary.

If the plan I have suggested were adopted, those of us who have large charity practices and can not save much money would at least not have to starve when retirement became necessary.

M.D., Larchmont, N. Y.

WHEN YOU ARE READY TO RETIRE THIS GUARDIAN PLAN WILL ENABLE YOU TO DO SO!



A STUDY made recently indicates that most physicians are interested in a guaranteed retirement income which will provide leisure for travel, golf, hunting, fishing, photography, or whatever hobby most interests the individual.

The average physician also is conscious of the fact that his main assets are his hands, brain, and experience. When he stops working, his income usually stops too. For carefree retirement years, he must plan-in advance!

More and more physicians* have

studied this problem . . . and bought a Guardian Retirement Plan for themselves. Such a plan guarantees a life income of \$3 a week starting at age 60 for every \$1 a week set aside starting at 30. (Income varies according to age when starting the plan.)

Make your dreams come true! Mail the coupon for complete details!

*Although members of the medical profession represent less than 1/8 of 1/8 of our population, 6% of the life insurance issued by The Guardian Life in 1937 was on the lives of physicians.

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| 60 if I put aside \$ a week? My age: | City | St. | ate | ME-2 |

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HYPERACIDITY

Certain disorders almost invariably, but certain "habits" not much less frequently, are the prolific source of gastric hyperacidity. The "last" drink of liquor, that additional cup of coffee, another pipeful of tobacco, rich food that pleases the palate but displeases the stomach, fear and worry—all must share the blame of mischiefmaking in the stomach.

Pointing out the error of the patient's mode of life and habits may be a preventive of excess acidity in the stomach, but for the prompt relief of the pain and discomfort attending it CAL-BIS-MA supplies the answer. Cal-Bis-Ma accomplishes gastric neutralization promptly and its effect is prolonged. Secondary acid rise and gaseous distention are prevented by its soothing, sedative, protective and adsorbent properties.

Why not ask us to send you literature and a trial quantity of Cal-Bis-Ma? It explains the composition, points out the uses, and lets you test the value of Cal-Bis-Ma by the best judge—yourself.

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Both powder and tablets obtainable: powder, tins of 1³/₄, 4 and 16 ounces, tablets, box of 30, bottle of 110.

William R. Warner & Co., Inc., 113 West 18th Street, New York City

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Especially In The Anemias Of Children

For treating the iron-deficiency anemias of infancy and childhood, pediatricians and hematologists have long demanded an iron preparation combining:

PALATABILITY

Feosol Elixir is so palatable that children—and adults too—accept it willingly.

EFFECTIVENESS

Feosol Elixir in the recommended dosage should produce satisfactory reticulocyte response in one week, and a rise in hemoglobin which often averages more than one per cent per day.

FERROUS SULFATE IN LIQUID FORM

Feosol Elixir, per fluid dram, contains 2 grains ferrous sulfate—the most efficient form of iron.



SMITH. KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.



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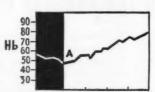
REBUILDING

THE BLOOD PICTURE

In the treatment of secondary anemia and nutritional anemia particularly in infants and children, but in adults as well, it has been proved clinically that treatment comprising copper with iron is far more effective

than iron alone. The copper has a catalytic action in hastening the absorption of the iron.

Physicians the country over report rapid and sustained improvement when they prescribe McKESSON'S COPPER-IRON COMPOUND. It



Case Mrs. J.—Age 30. Graph shows Hamoglabin improvement, McKasson's Copper-from Commound was started at "A"

has a pleasant taste, is non-astringent, non-taxic, does not affect elimination, and has no effect on teeth or digestion. It comes in liquid or tablet form.

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sin Alumni Research Foundation, Hart Patent No. 1,877,237, we suggest you send the coupon for a free full sized sample, and booklet, "The Role of Copper and Iron in Blood Regeneration with Case Histories."





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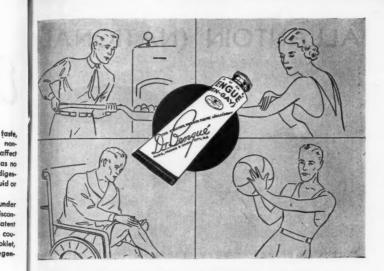
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When DECONGESTION is a Factor in Therapy

Baume Bengué produces prompt and dependable relief of pain in myositis, myalgia, arthritic and rheumatoid conditions, the systemic discomfort of influenza, etc. The induced hyperemia rapidly leads to decongestion of the deeper structures, thus adding therapeutic value to the anodyne action of the cutaneously absorbed methyl salicylate. As an emplastrum Baume Bengué is a recognized aid in the therapeusis of respiratory infections.

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BAUME BENGUE Analgesique

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ALLANTOIN (NATIONAL)



A Product for Every

Allantoin (National) has these definite advantages over maggot therapy in the treatment of chronic osteomyelitis and slow healing wounds: (1) Avoids danger of introducing infection into the wound with living maggots. (2) Eliminates revulsion of the patient. (3) Increases healing. (4) Readily available, easy to apply. (5) Decreased cost of treatment. Allantoin Ointment: Indicated in treatment of osteomyelitis, chronic and varicose ulcers, indolent and slow healing wounds, burns, and wherever tissue granulation is desired.

Allantoin Capsules: For the preparation of extemporaneous solution. Each capsule dissolved in 100 cc. of hot, but NOT BOILING water, prepares a 0.4% solution.

Allantoin Solution: Furnished in pints and gallons.

Sol-U-Jel Allantoin Nasal Jelly: Indicated in the treatment of atrophic or chronic rhinitis, in chronic sinusitis, and in conditions in which the nasal mucous membrane is chronically inflamed and refuses to heal.

Allantoin Indication

Sol-U-Jel Allantoin Rectal Jelly: For excellent results in treatment of pruritus ani, pruritus vulvae, in the external and local treatment of hemorrhoids, rectal fistulas and fissures.

Allantoin Sunburn Ointment: In a 30% grease base mixed with our special vanishing cream base. Indicated in the treatment of severe sunburn or sunpoisoning and quickly relieves the severe symptoms of sunburn.

Allantoin Surgical Dusting Powder: Indicated in the treatment of bed sores (decubitus) and in slow healing cult or wounds where a dusting powder is indicated.

Allantoin-Okra: Allantoin-Okra is indicated in the treatment of gastric or peptic ulcer, in duodenal ulcer, and colitis.

NATIONAL VITAFER A general hematinic and reconstructive tonic with wine base. ORDER NOW Pint bottle Dozen pint bottles 13.30 Gallon bottle 6.85 Gallon bottle 6.85

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THE NATIONAL DRUG COMPANY lead

Philadelphia, U. S. A.
BIOLOGICALS — PHARMACEUTICALS — BIOCHEMICALS

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... but as the winter season progresses, the physician sees a marked increase in the number of cases of secondary anemia due to infections and debilitory illness. For these and other cases of iron deficiency anemia, Neobovinine

with Malt and Iron provides a rich source of hemoglobin building ingredients. In addition to the liver principle, each 100 cc. of Neobovinine with Malt and Iron contains 510 Mgm. of Iron in a quickly assimilable form. Neobovinine with Malt and Iron is also indicated as a general reconstructive agent.



THE BOVININE COMPANY . CHICAGO, ILLINOIS

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CALS



FOR NASAL HALITOSIS

MOST bad breath is exhaled through the nose. Mouth washes are useless when the seat of the unpleasant odor is located in the nasal cavities.

Nasal Halitosis is a serious social and business handicap. One word of friendly advice from you will be very much appreciated by every sufferer.

V-E-M Nasal Ointment quickly checks offensive nasal odors. It covers the accessible membrane with a thin layer of pervading aromatic oils which cling to it for hours due to the heavy base. Thus V-E-M can be used to maintain a constant deodorizing effect within the nasal chambers.

The use of V-E-M twice daily offers a delightful toilet habit for all people of good taste, just as important as brushing the teeth. It sweetens and purifies the nasal exhalations and makes one sure of his breath.

You may also recommend V-E-M for daily Nasal Hygiene as a protective film against dust, amoke, fumes and pollen. It soothes and lubricates the dry and irritated nasal mucous membrane. All druggists can supply it.

SCHOONMAKER LABORATORIES, Inc. Caldwell, N. J.

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Send professional sample of V-E-M (Nasal Ointment with Applicator) for Nasal Halitosis and Nasal Hygiene to

M.D. Street

... City and State

* SIDELIGHTS *

ILLNESS STRIKES the poor two or three times as often and severely as it does the middle-income classes. Yet the poor receive considerably less service from physicians than do those in better financial circumstances who need it less.

The truth of these statements is vouched for in the National Health Survey, now being released piecemeal by the U. S. Public Health Service. What conclusion is to be drawn from them?

That the government should provide needed medical service? Or that poor patients should be educated to seek care from private physicians and clinics?

No believer in private initiative would hesitate to subscribe to the latter view.

Just because some of the poor people in the country fail to utilize available facilities for treatment is no reason to jump to the conclusion that federal aid must be enlisted. Education of these people is the logical first step and should be recognized as such by anyone with an understanding of the facts. Later, if by any chance such education does not succeed, it will be time enough to appeal to the government.

Meanwhile, private physicians can play a vital role in this education. Let no medical man who comes across or hears of a poor patient needing care fail to make it known that private medicine stands ready and willing—as it has always done—to furnish service regardless of the individual's financial status. Apparently a good many people still fail to appreciate the fact that under our present system of medical care anyone within reach of a physician can get treatment whether he has the money to pay for it or not.

We visited a medical business bureau recently in New Jersey. The manager was telling us about the type and age of some of the accounts submitted by physicians for collection.

"By the way," we interrupted, "is this an antique shop?"



He didn't understand until we referred to the hoariness of some of the accounts he had been talking about.

"Yes," he admitted dourly, "I guess you could call it that. Some of these bills they expect us to collect are fifteen years old! Seems hard to believe, but it's a fact."

That was the first shock. Imagine our next surprise when we learned that 50% of the entire volume of accounts turned in for collection were six years old!

This particular bureau is a new one. It's getting off to a bad start. Al-

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ready commercial rivals are beginning to appear.

And all because local physicians are expecting it to do the impossible.

The moral is:

Don't demand more of your medical business bureau than your patients demand of you. You're expected to heal the sick. But you're not asked to resurrect the dead.

St Bartlett dropped in on us the other day. He had just collected from the A.A.A. for all the pigs he's not raising this year and was in a talkative mood. Chewing on a corn stalk, Si spilled some gossip about the folks back in Gentry County, Missouri:

"The county fair ain't what it used to be. The cows and chickens are all right. But as for the kids—shucks, not more than a handful at the last



fair qualified for blue ribbons in the Well Baby Conference. Why, it's like hunting for a needle in a haystack to find any who've been both vaccinated and immunized.

"It's just another sign the world is going backward. We didn't have to give parents a blue ribbon to get their kids vaccinated in my time. They knew darn well that if they didn't, their kids might get smallpox or diphtheria and die. They knew it because old Doctor Mills kept reminding them. He did it all year round, too. Not just at fair time. After a while, vaccinating became second nature. It

went down the family, like my older brother Willie's pants."

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Si spat out the corn stalk.

"You might pass that on to all the young fellers from them fancy medical schools we have today," he said.

Since the famous Florence marched into the Crimea with reform in her soul and a grim glint in her eye, nurses have enjoyed an enviable reputation for initiative. In countless emergencies when a physician has not been present, they have pitched in courage-ously by themselves, alleviating suffering and often saving lives.

Nursing, however, like the other professions, suffers from the presence in its ranks of a minority who cannot seem to hew to the line of accepted ethics. Members of this minority are found particularly in the fields of public health and industrial medicine.

Take the industrial nurse. Her proper function is to assist the physician and to render those specific services for which she is trained. But in all too many instances we find that she sutures cuts, treats burns, and prescribes for colds, and a host of other routine illnesses.

This work is not in the nature of emergency service. Nor is it even supervised by a physician. It constitutes quite clearly, then, the illegal practice of medicine.

Certain employers with an eye for cheap medical labor are no doubt doing their share to nurture this situation. In communities where it exists, medical societies have their work clearly cut out for them.

In this connection, several very seasible points can be emphasized:

No nurse, registered or otherwise, is competent to practice medicine.

Any nurse who presumes to do so is criminally liable.

The employer is likewise liable for having retained an unlicensed person to furnish medical service. IF THERE WERE ever any doubt as to the attitude of the New Dealers toward state medicine, that doubt is now completely dispelled. Witness a book just published by Harper & Brothers: Health Insurance—The Next Step in Social Security.

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This latest addition to the literature on the subject was written by Louis S. Reed, of the Social Security Board. He is one of several men who were commissioned by the present administration to study health insurance.

Whether Mr. Reed's latest book was prepared as an individual venture or during business hours, with official sanction, has not been revealed. In either case, as both the title and context indicate, its author is an ardent advocate of socialized medicine.

He sums up his own viewpoint, and presumably that of his associates on the Social Security Board, in the following words, which speak for them-

"What, then, is the ultimate solution of this problem? It will be found to lie, I believe, in a system of state medicine, with care available to the entire population, organized along the lines of the public education system, supported from general government revenues, and with the service given by full-time salaried physicians, dentists, and nurses in the employ of government-controlled hospitals and clinics."

Soviet newspapers please copy.

Ir MANKIND has a common delusion, it concerns food handling in public restaurants. We know this subject from artichokes to zylum. For our knowledge, we once paid the price, while a cub reporter, of working in several restaurants as a dishwasher. We have avoided restaurants ever since. Here is why:

Kitchen employees use their hands for almost everything. When their hands are busy, they use their feet! In none of the restaurants mentioned were we ever asked to undergo a physical examination. And they were all eating places of good reputation.



A good many restaurants do, of course, require health certificates from their employees. But even there, abuse creeps in. Food handlers' health certificates are sometimes signed by physicians after a totally inadequate examination, or after none at all.

The extent to which this sort of thing reflects on the common honesty of the profession is apparent. The time is ripe, therefore, to do a bit of housecleaning.

After all, any physician who is asked to sign a food handler's certificate may refuse. If he does not refuse, it is up to him to comply with the regulations by giving a reasonably complete physical check-up.

In cities with large numbers of food handlers, the Pittsburgh Medical Bulletin suggests that the problem might be met "by the county medical society adding a room to its present suite . . . to be equipped with an instrument sterilizer and other simple armamentarium essential to physical examinations, immunizations, vaccinations, etc., where individuals or groups affected by this or other public health requirements might, by appointment on a fee basis, be served by members of the society, who would be reimbursed for their services in some way decided upon by appropriate committees of the society."

The idea merits study. It might be a big step toward cleaning up a troublesome source of public infection.

Employee examinations

Wanted: Thousands of physicians to examine millions of employees and job-seekers. Part-time. Excellent opportunity for private practitioners. Apply American Employers Unlimited.

BY J. T. DURYEA CORNWELL, Jr.

Captain John Smith—object of Pocahontas' preventive attention—ran a glass bead factory. The lye and sand used did unhealthy things to his workers. But so did the local Indians whenever no baubles were produced to pacify them.

So Captain Smith's artisans carried on, despite occupational ailments.

Today, by contrast, a healthy employee is prized as much as a peaceful Indian was three centuries ago in Jamestown. Hence the growing opportunity for private physicians to engage part-time in industrial medicine—specifically, in the giving of pre-employment and periodic physical examinations.

This opportunity is high-carat. Assay it for yourself:

Some 24,000,000 people are said to work for concerns too small to maintain medical departments. Yearly, on account of ill health, industry loses the services of its employees for a total of about 200,000,000 working days. This means an annual loss to American

business of hundreds of millions of dollars. That this loss could be markedly decreased through additional emphasis on preventive medicine is an undeniable fact.

No less an authority than Dr. Cary T. McCord, medical director of the Industrial Health Conservancy Laboratories in Cincinnati, Ohio has declared that industrial medicine could easily absorb 12, 000 full and part-time physicians. This field can be still further increased if employers who do not now provide employee examinations were "sold" on the value of doing so. Employers should realize that sickness makes a far deeper dent in man-hours than injury does.

Still other evidence argues that many a business unit is either on or will get the scent of profit in employee-physicals.

The anti-syphilis campaign, though specific, accents the general value of medical check-ups. And it's country-wide.

Workmen's compensation laws are now found in practically every state in the union. These laws began years ago to prove that the most profitable employee is a healthy one. They still do.

At least one large state contemplates making pre-employment physicals compulsory. Other states, most likely, swept along on the present high tide of socio-economic reform, will follow the example.

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Clearly, business is receptive to the profession's aid in maintaining employees' health. It has the sincerity of self interest. Statistics, laws, and practical demonstrations have proved that good management demands physically-fit personnel.

This selfish concern over employees' health is no longer confined to the manufacturing colossus. It has permeated banks, stores, hotels, and business organizations generally. In fact, almost every employer, regardless of the type or size of his business, has been conditioned at least to recognize the economy in a regular physicalexamination program.

A convincing "Amen" to all this has been sounded by the American College of Surgeons. After its 1936 surveys of medical services in industry the college announced:

"Pre-employment and periodic health examinations. . .mixed with the proper follow-up and cooperation with private practitioners, offer one of the most suitable means



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for effecting preventive medicine that exist in this country today. More employers instituted physical examinations of their workers in the past year than in any year, with the exception of the period

Galloway



"Industrial medicine could easily absorb 12,000 full- and part-time physicians."

that immediately followed the enactment of workmen's compensation laws."

There, in brief, is the door to increased practice. How to open it?

Wholesale solicitation of such practice is obviously out of the question. But it is the right, if not the duty, of medical societies to urge local employers to retain reputable medical examiners.

Recall that a number of medical

associations have campaigned successfully for vaccination, diphtheria immunization, and other preventive measures. Both physicians and the community have benefited. The objective was reached through newspaper publicity, placards, letters, and talks by doctors before interested groups.

The same media would serve for an employee-examinations drive

Following is material which any medical society can adapt. A good public relations committee can whip it into a series of form letters to local employers, into letters to newspaper editors, into addresses before the Rotary, Lions, Kiwanis, or what have you. It is, in effect, a check-list of the advantages offered by pre-employment and periodic medical examinations of employees:

FOR EMPLOYERS

- 1. A healthy and, consequently, more efficient personnel.
- 2. Less labor turnover.
- Reduction of absenteeism due to sickness.
- 4. Lightening of the sick-benefit load.
- 5. Improved employee morale.
- Increased patronage due to advertising value to medical checkup program.
- Elimination of accident-prone workers.
- 8. Delay in outlay for pensions.

FOR EMPLOYEES

- Early detection of potentially disabling disease.
- 2. Reduction in medical expenses.
- The confidence that comes from a clean bill of health.

- 4. Protection from communicable disease.
- 5. Less wages lost through sickness absenteeism.
- 6. Longer life expectancy.

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Prolonged capacity to work efficiently.

The responsibility of making these points clear to local proprietors and wage-earners rests not only with one's medical society, of course. It belongs also to the individual physician. Even though he can not ethically do much to solicit employee-examination work, he can, nevertheless, be on the alert when the subject is broached by local business men.

Because of his standing in the community, the physician has many opportunities to meet such men. And he can make others. At social or civic functions, through service club activities, he is constantly contacting employers. Sooner or later, they'll probably inquire about the advisability of employee-physicals in their offices, stores, or plants. When they do, the physician of their acquaintance who evidences a thorough knowledge of the subject will be in a preferred position.

Obviously, the more often a physician sees these men, the stronger his relationship with them and the greater his chances of being asked;

"Say, doctor, what do you think of medical check-ups for job-seekers and employees? Anything in it for me?"

Ethical instinct, common sense, and what you have just read should phrase a proper answer. And it may very likely result in some new practice.

FRAUD INFERRED FROM CARELESS TAX RETURN

CARELESSNESS IN REPORTING income may be tantamount to fraud with attempt to evade taxes.

Charging deficiency in the income tax return of a certain physician, the Bureau of Internal Revenue imposed a so-called fraud penalty on him. As a result, the doctor had to pay a fine amounting to 50% of what his income tax should have been. He sued to recover. But the federal district court before which the case was heard ruled thus:

"Plaintiff . . . enjoys an excellent reputation for integrity. His testimony [however] . . . shows gross negligence and an utter disregard of responsibility to make a fairly accurate return of income to his government.

"A charge of fraud can not be sustained unless it is shown that the person charged had the intention to deceive. But the intention may be inferred from the consequences of the act. Fraud may be inferred if a person makes a statement recklessly, intending it to be acted upon, without regard to its truth or falsity.

"The income omitted by the plaintiff doctor was a large amount... From these facts the plaintiff was reckless in ascertaining his taxable income. His recklessness was such that the fraud penalties were properly collectible."

¹White vs. U. S., 20 Federal Supplement, 623.

PATIENTS WHO HAVE LEFT

BY HARRY DAVIDSON, M.D.

During ten years of general practice in a small city I had lost a number of patients. Probably not more than the average doctor; but like the average doctor I took pride in my ability to hold patients. Why, then, this persistent and embarrassing turnover?

Frankly, I tried to dodge the question. But after ten years the time had passed for easy alibis. Constructive analysis was definitely indicated.

So one day I sat down with the cards of my "lost" patients before me. On the corner of each card I had printed in red pencil a large WHY? The reasons fell naturally into groups. The cures were obvious, and for that very reason had been overlooked. I realized then that I had often missed the forest for the trees.

This was particularly true of socalled neurotics. Usually women. Always in a tangle of conflicts and repressions. Where there was nothing organic, my tendency had been to dismiss them with a sedative and a healthy-living lecture. Such patients, I had argued, flit from doctor to doctor, enjoying their symptoms and the flurry of professional attention. It was too bad. It was even a little silly. But their troubles were not serious and I was a busy man. I now believe that this restlessness is in itself symptomatic. It may well reflect the usual too-cursory treatment of mental ills.

Consider the case of Mrs. Biddle. Fair, fat, and forty. Menopausal and marital troubles. I had treated the flashes and listened to the troubles. Listened for months, until my patience was exhausted and my boredom plain as a yawn. Mrs. Biddle was not blind. So she marched off to a quack who knew more about human nature than human anatomy. Now she is happy because someone "understands" her.

Why couldn't I, with professional training, have understood her? I could have; but I didn't bother. Why did I give her pills when she needed psychology more? Because it was easy, quick, and definite. Mental troubles are nebulous. The doctor must have infinite patience to iron them out; great skill in suggesting a positive program.

My own program for future neurotic patients is this: Treat the
psyche concurrently with the body.
Remember that a conflict can be
quite as malignant as a carcinoma.
Look up a good psychiatrist. Send
the patient to him if she has too
many knots for you to unravel. Reread that psychology book that's
been knocking around the office for
years. Better yet, secure the latest
one.

Another type of patient who

ME-AND WHY



"Although she doesn't know it, Mrs. Gibney has prompted me to buy an x-ray machine . . . there'll be no more guesswork about position and measurements. Or number!"

had left me in search of a cure was the chronic. Chronic ailments are discouraging to have and to treat. It is easy for the physician to lose interest and to allow treatment to slump into routine.

Poor old Mr. Costello was one of my first patients. He had rheumatism "all over". Treatment dragged on and on. He was slightly improved, but I was sceptical of a cure. So I gave him the old itmight-have-been-worse bromide.

Depressed and discouraged, he resorted to patent medicines. I told

him he was wasting his money, that in any case there was nothing more to be done for him. His reply was "It's cheaper than coming to you. And at least they give a man some hope."

Since Mr. Costello's day I have tried to develop a more intelligent attitude toward chronic patients, realizing that hopefulness is a paramount factor. First, I give them a complete physical examination. When I say complete, I mean regular detective work, from the toes to the scalp, as kell as labora-

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tory tests and x-rays. This is of the utmost importance in chronic cases, yet it is a rarity rather than a routine.

Of course, the patient complains about the "unnecessary expense." I ask him then whether he would rather spend \$20 now to rule out all trouble foci, or spread \$50 over a year on "blind" treatment. The answer is usually "All right. Go ahead, Doctor."

After the examination I either promise definite improvement or suggest a specialist. Instead of the regular fee for every call I propose a flat rate for, say, two months. This will include as many calls as I consider necessary.

I have lost a number of patients because I told them too much or too little. Every physician will appreciate the difficulty of striking a balance between the two extremes. Day laborers expect you to be an oracle; college graduates want to learn medicine in ten easy lessons.

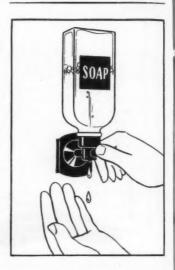
Elsie Henderson was a welleducated girl who asked intelligent
questions about her pregnancy. I
answered them at full length. Once,
to illustrate a point, I showed her
some textbook illustrations. She
fainted in my office! I delivered her
baby, but Elsie hasn't been back
to see any more "gruesome pictures."

To another patient I described in detail the operation I intended to perform. This erudite talk so frightened the man that he refused to let me touch him.

On the other hand, Spinster Lennehan never forgave me for not warning her about the pain of a hemorrhoidectomy!

There is, of course, no general

DISPENSER FOR SOAP



I was about to buy a liquid-soap dispenser for the office last month when it occurred to me that I could save the cost of one and perhaps get just as good service by utilizing a dispenser I had received some time ago when I bought a bottle of well-known hand lotion. The idea has turned out to be a good one. The dispenser delivers soap equally as well as it delivers lotion. Many a home or office contains a discarded lotion dispenser which can be recruited for service in this way.—M.D., Minnesota.

rule to govern how much or how little a doctor should say. I have decided, therefore, to avoid discussion of the details of any procedure. Patients visualize them emotionally rather than scientifically.

I prefer to focus their imagination on the results I hope to attain.

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Though she doesn't know it, Mrs. Gibney has prompted me to buy an x-ray machine. A bride of one year, she was expecting her first baby. She resented this responsibility so soon after the honeymoon. I persuaded her not to have an abortion, tried to calm her apprehension about the ordeal of labor. I knew it would not be easy, since she was overweight and had a moderately contracted pelvis.

At the thirty-fifth week Mrs. Gibney went into labor, and delivered a girl and a boy baby. You can imagine her reception of this unwelcome news. She focused her resentment on me, vaguely holding me responsible for giving her a double deal. I never saw her after

she left the hospital.

In discussing her case with another doctor, I learned that once he, too, had been fooled by premature twins. "Never again," he said, "I've made it a routine procedure to x-ray every maternity I have. Then the mother and I know exactly what to expect. No more guesswork about position and measurements. Or number!"

This argument was so convincing that I bought a machine the following week. I also arranged to take a course in plate-reading. Already I have gained a reputation as a "progressive" doctor, who keeps up with the latest methods.

The problem of money has caused me to lose any number of friends and patients. Jack was an old schoolmate, charming but irresponsible. I saw a lot of him until I sent a bill for delivering his baby. Although it was less than my usual fee—and he knows it—Jack pays

in monthly driblets. Some months he forgets to pay anything at all, although he could well afford to settle the whole bill at once. Whenever I meet him now there is an unpleasant tension. I wish to heaven his wife had gone to another docto.

Mrs. Abramson gave me such a hard luck story that I reduced my obstetrical fee to a minimum. After the boy arrived she took him to an expensive pediatrician and didn't pay my bill for six months.

Hereafter maternity fees will be payable on delivery. If necessary, a reminder will be sent before the mother goes to the hospital. This is one bill which can't be called un-

expected.

Recently I nearly lost two patients for a reason which is serious enough to deserve special mention. Other practitioners must have had similar experiences, for it seems to be a widespread evil. It concerns the druggist who is also a pseudophysician. Such a man prescribes for minor ailments and often comments on drugs ordered by the doctor.

I gave Helen Linn a prescription for sulfanilamide. When her druggist read it he pursed his lips: "Mighty dangerous stuff, but I guess the doctor knows what he is doing." Helen immediately called the office, and it was some time before my secretary could calm her down.

Mrs. Boardman had a leg ulcer and a mild stomach disorder. I prescribed rhubarb and soda, and black wash. Her druggist mixed the labels. Poor Mrs. Boardman followed directions faithfully for two days. Then the daughter phoned and said her mother had diarrhea and was vomiting steadily!

As soon as I saw the bottles I wrapped them up and confronted the druggist. "Gosh, Doc," he laughed, "that's pretty funny, huh?" Not a word of apology or excuse. I imagine he laughed out loud when my patient sued for \$500-and won.

Another pharmacist at a cut-rate store told a patient that the amount of codeine in my prescription seemed "pretty large."

It is difficult to stamp out such unethical comments. Patients will often ask the druggist for his opinion, and it is human nature to respond to this flattery. I now make it a point to suggest at least three drug stores which I know are reliable, and to stress the fact that price is of little importance compared to an accurate prescription.

I have covered the major reasons for losing some of my patients. A few people faded out of sight for no apparent reason. It may have been family influence, lack of money, or prejudice. Sometimes a doctor's personality simply doesn't click with the patient, and there is little he can do about it."

But much can be done to help and to hold the patients he already has. I strongly recommend an analysis of his records to point the way.

As a result of not shaving for 52 years, Dr. W. D. Vint, of Hume, Mo., estimates that he has been able to save more than \$800. On the occasion of his 82nd birthday recently, he threw custom to the winds and allowed a barber to remove his whiskers. The last shave he had had was in Chicago, as a young physician.

A.M.A. BEGINS "SCIENTIFIC PLANNING"

LAST OCTOBER on a dais in Manhattan's Hotel Pennsylvania stood Josephine Roche, third assistant secretary of the Treasury, in charge of public health. She was there to address the annual convention of the American Public Health Association.

Highlight of Miss Roche's talk was the recommendation of a combine to help solve the problem of providing medical care to the indigent and near-indigent. "A far step forward would be taken," she declared, "if the American Public Health Association . . . charged a special committee to cooperate with the United States Public Health Service in extending the long-accepted function of public health work to meet modern demands and needs of our people."

The association reacted favorably. Two months later its specially-appointed committee conferred with the Board of Trustees of the A.M.A. Out of that meeting has come an A.M.A. resolution with two

objectives:

1. To determine the need for medical service in the various states and counties.

2. To rouse its component societies to work with other health agencies (federal, professional, and social) in making such services generally available.

The A.M.A. intends, it says, to encourage "scientific planning" and to stimulate application of the best features of approved medical-care schemes on a nationwide scale. Toward that end, it proposes to function as a clearing house of information on the subject.

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Following is the specific wording of the A.M.A. resolution referred to above:

Whereas, A varying number of people may at times be insufficiently supplied with needed medical service for the maintenance of health and the prevention of disease; and

Whereas, The means of supplying medical service differ in various communities; be it

Resolved, That the American Medical Association stimulate the state and county medical societies to assume leadership, securing cooperation of state and local health agencies, hospital authorities, the dental, nursing and correlated professions, welfare agencies and community chests in determining for each county in the United States the prevailing need for medical and preventive medical service where

such may be insufficient or unavailable; and that such state and county medical societies develop for each county the preferable procedure for supplying these several needs, utilizing to the fullest extent medical and health agencies now available, in accordance with the established policies of the American Medical Association. Be it further

Resolved, That the Board of Trustees of the American Medical Association establish a committee to cooperate with the Bureau of Medical Economics in outlining the necessary procedures for making further studies and reports of the prevailing need for medical and preventive medical services; and that the Secretary of the American Medical Association arrange to develop such activities through the secretaries of state and county medical societies in each instance, urging the formation of special committees in each county and state where committees are not available for this purpose.



Helped spur the A.M.A. into action.

MEDICAL ECONOMICS · MARCH · 35

and best

care



Shigeta-Wright

Wives

FLORA PERKEL, R.N.

Take it from this graduate nurse and physician's wife, whose father and grandfather also were doctors—your "better half" makes the worst possible office assistant. Here's why. You know the stock fadeout in the movies, where the doctor and the nurse, just married, plan their rosy future together. How they will struggle side by side; she aiding him up the ladder to success.

In the movies, that's a happy ending. In real life, it's too often an unhappy beginning. . . .

Some doctors are opposed to their wives working. Aside from that being a noble sentiment, it's

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ARE A NUISANCE!

also a practical way of disposing of the problem of the secretary-wife. And if it's you who takes the word "helpmeet" literally, for goodness' sake let her sell underwear in a department store. Let her take any kind of a job—but not as your assistant!

If your wife is a graduate nurse, keeping her out of your office is going to be harder. She will plead that because of her "professional attitude," she can better understand the sick than some little nit-wit without nursing training. She will remind you (and you will know darn well she is right) that she understands you, your whims and ambitions, better than any stranger could. And, after all, as she will explain, she has your interests at heart. All of this with a fetching droop of the eyelashes.

At that point I can suggest only

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one thing: Don't believe the lovely little liar! For the most smoothrunning practice will turn upside down the day "the little woman" comes in to take charge.

Imagine how pregnant women will flock to your office when they know your wife will handle their records! In their minds, they can

hear her comment:

"Hm! That's the Hovey girl from Stone street, isn't it? Three months married and six months gone!"

Or how men with venereal ailments will rush to a doctor whose nurse-wife may later turn out to be their dancing partner.

Consider the feelings of your wife, too, when she is introduced to friend-patient at the country club.

"I've heard so much about you, Mr. Nickerson," she gushes. And inside, she's thinking:

"He's the one with the G.C."

In routine examinations, the nurse often sees the patient in the semi-nude. If the nurse is someone who's not apt to be met socially, it doesn't matter. But if she's likely to be seated at the same bridge table that very evening —well, it changes the complexion of things. It is also apt to make the patient change his doctor.

To be sure, the average physician's practice is made up of people from all walks of life. But it's safer to avoid the risk of worrying patients unnecessarily. This is especially true in small towns, where both tongues and social lines are sharper.

At best, friends are difficult patients. With your wife around, they become impossible. For their own reasons, they may not want her to know either their complaint or your findings. They may even wish to conceal the fact that their call was professional. Just try keeping a nurse-wife in the dark about such things!

Then again, your wife may go to the theatre with Mrs. Ordway, who is simply dying to know whether their mutual friend, poor Mrs. Betterton, really has cancer as she suspected all along! A paid employee's professional confidence is likely to hold out better against such persuasions.

The doctor, too, is often the father-confessor of people with

CONVENIENT STORAGE FOR BIOLOGICALS



A LARCE thermos-jar is my refrigerator for biologicals. I place a long olive bottle full of ice cubes in the center of the thermos. The remaining space holds sera, vaccine points, etc. The ice supply is renewed daily.—M.D., Wheaton, Ill. mental or marital ills. Such problems, naturally, will intrigue your wife. And her presence, instead of a disinterested nurse's, will check their tongues—and their visits!

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1.D.,

You know how hard it sometimes is to collect fees. Having your wife as collector makes it particularly so. This is invariably the case when the patient and your wife are intimate. There are always those who will ask her to "Use your influence with your husband" for a discount. Others will impose upon her acquaintance with "You know I'm good for the money" or, "I know you'll give me a break."

When lax debtors are reminded of their bills by your wife, they accuse her privately of being "hard," "greedy," or "mercenary." They know the money goes into her pocket as well as into yours. They may even figure the reason their bill was so high is that she wants a new dress!

To the ordinary nurse, on the other hand, they realize collections are simply part of the job. They realize that their paying won't mean an increase in her salary; and, consequently, they feel she is not motivated by personal gain. Sometimes the secretary-wife may meet delinquent bill-payers at the home of a mutual friend. She must be courteous, if not cordial. This creates an unpleasant situation, not alone for the patient and nurse but also for the hostess.

Now I am going to ask you a question. Is your wife jealous?

Hah, I knew you'd answer, "Of course not." Well, if she's not, she's different from all other women. And a jealous wife can dig up more trouble around an office than the proverbial barrel of monkeys.

You must have realized by now that many female patients are almost crazily demonstrative. Sometimes they're so blue, they feel like crying on somebody's shoulder—and it may be yours. Sometimes they're so happy, they can kiss somebody—and it may be you. To a paid nurse, this may be amusing. But do you think you can explain such things to your wife as "innocent" when she saw them with her own eyes?

Also there are women who give the impression of being "too chummy" with the doctor. This familiarity may be just a way of expressing faith in you. Or it may be merely their habit. Whatever it is, it is often misconstrued by the nurse-wife.

And there are young girls who idolize doctors. You know the kind who look up at you adoringly and ask, "Doctor, is it my appendix this time?" These are perhaps the worst of all so far as the average nursewife is concerned. She HATES them. You probably have no idea of the way a wife can torture herself with evidences of attention and affection from other women. And it's real or fancied grievances like these that lead to many divorces in physicians' families.

Or the shoe may be on the other foot. Male patients, not aware that your shapely secretary is your wife, may try to "date her up." Man to man, they may pass some off-color remark about her. It's exceedingly painful to both physician and patient when the patient learns the good-looking nurse he has been trying "to make" is married—to his doctor.

Your wife can be a great help to you, doctor. At home.



EDITORIAL

TIME TO CALL A HALT

GOVERNMENT ENCROACHMENT on private medicine continues unabated. Physicians who see one branch of practice after another engulfed by the oncoming glacier can scarcely be blamed for asking:

Where does public health end and private practice begin?

Many specialists and general practitioners welcomed the anti-syphilis campaign. They looked on with approval as the administration dangled the dazzling spirochete before a fascinated public eye. It is only now that they are being mulcted of legitimate practice that they question some of the methods used.

The campaign against syphilis has popularized a government technique that threatens to be as catching as the disease itself. The campaign spirit is spreading rapidly to other fields. To cancer, for instance.

The President has approved a \$750,000 appropriation to build a "cancer institute." Every year it will cost \$700,000 to maintain. We are reminded that this is "for research only." But what precedent is there for assuming that the project will not be extended? We can readily foresee some philanthropic Congressman proposing a bill to create government clinics all over the country for the free treatment of the disease.

"Extension" is in high favor in Washington. Proposals there have a way of starting small and ballooning.

The mental hygiene program of the Public Health Service is a further example. Originally, this called for a "study" of local problems in the District of Columbia. Now it has swelled to include plans for a complete system of government treatment of mental illnesses.

Another peach ripe for federal plucking is pneumonia. The Public Health Service has recommended that the government provide free treatment. For the present, this is being done through the individual doctor. But have we any guarantee that the arrangement will be permanent? That once the government has its own facilities, the private practitioner will not be left twiddling his thumbs?

The drive for better maternal care is still another link in the chain. Its object is public financing of childbirth—presumably among the needy only. It is much too early to predict where it will lead. But it is fairly certain not to deviate greatly from the pattern of its predecessors.

In all these movements, as in the current war on infantile paralysis, the fine hand of the Public Health Service may easily be seen. Not that anyone disparages the value of such a service. It fills a distinct need and in certain fields has done splendid work.

But a halt must be called somewhere. Its sphere of activity must have some limits. Unless, of course, medicine is to become entirely a government concern.

H Sherdan Baketel

An all-in-one record

When a man does something the same way for 27 years, he's either a mossback or he's found a method worth sticking to.

Speaking personally, I may be a lot of things. But I flatter myself that a mossback isn't one of them. And as for office records, I found a system in 1911 that has never since failed to justify my confidence in it.

Any physician who cares to inspect it with me is invited to do so in the pages of this article.

Several units go to make up the system. But I'll begin at the beginning and take up each one in turn.

First the record forms them-

selves. These are slips of paper, measuring $3\frac{1}{2}$ " x $4\frac{7}{8}$ ".

A small space in the upper righthand corner of each slip is reserved for financial entries (Fig. 1). You work from the bottom up, like this:

If a patient owes \$15 at the time a call is made, this figure is recorded in the bottom space to the right of the word "For'd." Above that and next to "Chg." is entered the fee for the current call—say, \$3. Add these entries, and you have \$18, which is inserted in the "Total" space directly above. If, at this point, you are paid, say \$6 on account, it goes in the "Paid" space.



Fig. 1—Financial and case-history data are always under the author's thumb.

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SYSTEM * * GEORGE PRICE, M. B.

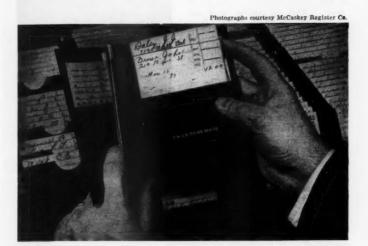


Fig. 2—No chance for forgotten calls or charges when this wallet is used.

Finally, a simple, upside-down subtraction proves that \$12 is the entry for the topmost space ("Bal."). This \$12—the amount still owed after the call—sticks up like the traditional sore thumb.

Now, as to case-history notes:

The forms I use most are designed for general practice. However, forms for other types of practice are also available. All are similar in one respect: The financial data and patient's name are always at the top. Thus, they are always visible—in the files or in my daily-call case.

One side of each regular form is

ruled and headed for all essential data—date, time of day, symptoms, my own remarks, and diagnosis. To the left of the bottom line is printed "Service to." There I write the name of the son, daughter, or wife being treated. Father pays the bill. So his name appears on the top line of the form. "Davie" or "Joan" at the bottom serves as a reminder in case I am asked who received the treatment.

I'll now go into action as on a typical day.

I start out in the morning. In a special, leather wallet which I carry (Figs. 2 and 3) are forms for all

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er, hted ou is: me rethe ve red \$3. ive rohis acce. patients on whom I plan to call. The forms have no handwriting on them except patients' names, addresses, and the amount, if any, they owe me. They nestle in a pocket of the wallet labeled "CALLS TO BE MADE." And, of course, they are arranged in the order of my visits—first call on top, etc. (I try to file them chronologically and according to community geography. This prevents backtracking.)

A typical home-call may be on John Huth, of 325 E. Main St. While with him, I record any needed clinical data on one of the forms which I have slipped out of its

pocket in my wallet.

If the patient requires a prescription, the wallet is ready with a handy pad of blanks. A sheet of carbon paper rests on the top blank. On it I place the case-history form, back side up. Then I write the prescription. The patient gets the carbon copy; I retain a permanent record of what I ordered.

Just before I leave, I do the bookkeeping. Then, as I close my wallet on this patient, his form is slipped into the pocket marked "CALLS MADE."

And so on through the day until I get back for office-hours.

At my office is the real foundation of the system—my desk (Fig. 4). Four of its six drawers contain records.

Drawer one (topmost of the trio on my left) is for what I call actives. These are forms covering patients seen since the first of the current month. They are filed alphabetically—each one in a metal holder which permits easy visibility (Fig. 5).

On the morning of March 1 this drawer is empty. Slips for all my



Fig. 3—Pocket-size, yet ample for a full supply of records and prescription blanks.

February cases have been taken out the evening before. But every day thereafter new active records will be filed in it. By March 31, the drawer (capacity: 150 family records) will be fairly well filled again (I hope). Then the March slips, in turn, will be removed, bills for each will be sent out, and the withdrawn forms will be filed in drawer two.

Drawer two (topmost of the trio on my right) is for *unpaid* accounts which date back prior to the current month. Fig. 6 shows how it is arranged. There's room for 420 names. The alphabetical indices are on red guide cards.

Since a slip is made out each time I see a patient, a number of slips for one person may accumulate before his account is settled. Therefore, boxed cardboard folders providing visibility for the slips are used in drawer two to accommodate them. Like the metal com-

partments in the active drawer, these folders are made so as to permit names and amounts to be seen at a glance. The latest form filled in is always at the front of the folder. Thus, at a glance, I can tell who owes me how much. (Of course, I send statements monthly to everyone in this file as well as to those in the active drawer.

If Sam Morton pays me \$15 on a \$45 account, a new slip showing that he now owes me only \$30 is inserted in front of his deck of forms. If he fails to pay me anything for three months, a scarlet card goes his account in full, the folder containing his records is shifted to drawer three.

Drawer three (directly below the unpaid drawer) is my paid-up file. It and the reserve paid-up drawer beneath it accommodate a total of 1,680 family records.

This is the ultimate destination for records I wish to keep. A weeding-out process at intervals makes room for new arrivals.

Now, back to my office-hours again:

In comes a new patient; out comes a blank form. Down go clini-



Fig. 4—Here's one desk, at least, with no distracting heaps of papers and journals on it. By having a place for everything and keeping it there, the physician can give each patient his undivided attention.

into his folder. A tab on its upper edge juts out as a danger signal. Next billing-time, I'm reminded that he is delinquent. And I act accordingly.

When this patient finally settles

cal and financial data. Into a compartment labeled "Today" (part of the active file drawer) goes the completed form.

Mrs. Ball bounces in. I didn't expect her. Haven't seen her for

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about six months. "Doctor," she says, "I'm having that trouble again. Don't you think I ought to have more of those pills?"

Trouble? Pills?

I slide out my paid-up drawer. Her record, I know, is there. In a few seconds, the details Mrs. Ball trusted me to recall are in front of me.

Next comes Mr. Tardy—six months delinquent. Before examining him, I let him watch me take again to my out-calls. Slips for any home appointments made during the day are added to those already in my wallet.

Finally-day's end.

I settle at my desk. I take the forms from the "Today" compartment in drawer one and from the "CALLS MADE" pocket in my wallet. Then, from my supply drawer I take a sheet for summarizing the day's business. In a reasonably short time I've filled in its columns.

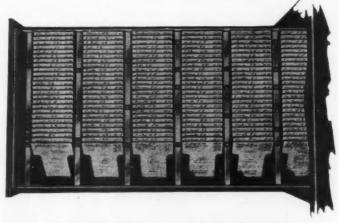


Fig. 5—Looking down on the left-hand top desk drawer. All active records clearly visible.

his folder from the unpaid drawer and transfer the \$55 after "Bal." on his last form to "For'd." on a new form. Knowing him, I allow the action to sink in. Then I follow by saying: "I've carried this since September, Mr. Tardy. Is it your bill you wanted to see me about?"

"Er, yes,—and this carbuncle, too!"

When office-hours are over, I turn

The result is a daily record of patients seen, how much each owes, how much each paid. Listed also are payments made by those in the unpaid accounts file. Their records are then put either in the paid-up file or, if partial payment was made, back with the unpaid accounts.

Charges and collections are totaled at the bottom of the summary sheet. Then, my day's professional expenses are entered and totaled in



Fig. 6-The right-hand top drawer, for unpaid accounts. Below it, in the desk, are two drawers for paid-up accounts.

appropriate columns on the back of the sheet. This record is placed in a binder kept in my desk.

(At the end of a month these daily income-and-expense summaries are added together with the cumulative total for preceding months. When December 31 arrives. I have all my basic figures for in-

come tax purposes.)

Next, I file my daily-call slips in the active file drawer. As each is poised over its metal holder, I glance at it to see if a return call is indicated. If so, I make out a new form. This goes into a section of the active drawer comprising seven metal holders marked for days of the week. Thus, for instance, the patients I see on Wednesday and want to see again on Saturday are assured of a visit.

My final job is to get set for tomorrow. It's simple.

If today is Thursday, I take the

forms out of the Friday compartment of the section I just mentioned. Then I turn to my paid-up drawer. In it is a file for future engagements. It is so arranged that forms for calls scheduled months ahead come to hand when due. (Most valuable for obstetrical cases, but useful also for personal engagements, insurance-premium reminders, etc.) Any other forms for calls tomorrow are added to those I've pulled from my weekly file. Then they're all slipped into the "CALLS TO BE MADE" pocket of my wallet.

And so to bed.

. . . But, before I turn out the light, a few more points:

Office assistant—The clerical work connected with this system can safely be entrusted to the mercies of a nurse-secretary. On the other hand, I get along quite smoothly handling it by myself. Only when

practice booms and when billing time comes round, do I fall back on my office girl.

Collections—Recall those scarlet cards to identify delinquents in the unpaid drawer? I said that when they signal, I act accordingly. Here's what I do:

I resort to a series of five reminders. Printed on slips to suit my office stationery, they range from gentle to adamantine. They're headed, in order: "Statement," "Reminder of Account," "Delinquent Statement," "Legal Demand for Payment," and "Five-Day Notice."

The first of these reminders is sent out a month after the first statement is mailed—provided, of course, that no payment has been received in the interim. The remaining four reminders follow at monthly intervals, if needed. As each is sent, a memo to that effect is jotted on the scarlet "delinquent" card.

Furniture—I purchased my system en masse—desk, forms, wallet, and income-and-expense sheet binder. The desk is of steel, but it looks like fine-grained wood. Its top is Velvoleum—as lasting as it



Fig. 7—The same system, but on a smaller scale.

is good to write on.

The two lower left-hand drawers are really one—a double-depth correspondence file. My supplies are in the tray drawer (top center). Desk slides on either side provide extra surface when needed.

When I first installed my system, 27 years ago, it was necessary to keep my outlay as modest as possible. So, I bought a pedestal-type file cabinet (Fig. 7). It held up to 100 active, 840 paid-up, and 420 unpaid accounts. I graduated to the full-size desk some years later.

A 100% SUCCESSFUL COLLECTION LETTER

I was paid something recently by every patient to whom I sent the following letter:

"It is just as unpleasant for me to have to ask for money as it is for you to receive duns. But it is sometimes necessary.

"I understand your circumstances and have no desire to be unreasonable about your bill. It may be inconvenient for you to pay your account in full at the moment. But I am not asking you especially to do that. All I ask is that you send me some payment, no matter how small. I will understand and be satisfied.

"I want to maintain pleasant relations with my patients. But I can't do it when I have to talk about money all the time or constantly send out bills.

"Please put what you can spare into an envelope and mail it to me today. Then we'll go on as we always have."

Of course, this letter went only to patients far in arrears. But it certainly produced results.—Allen D. Rebo, M.D., Scott, Ark. sis

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THE LADY IS A TRUMP

The story of a paragon among office nurses: How she got that way. What she does. Why she is worth her weight in gold to one physician and would be to any other. The narrator, a Utah surgeon, prefers anonymity—modesty being one of his assistant's virtues.

She's the last word in office assistants. At least, for my money she is.

She should be, too. I pay her a taxable salary. And to do that these days, you've got to be pretty enthusiastic over the way your office is being run.

Listen:

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Twelve years ago I realized that I needed an office assistant. Plans for the future required a registered nurse. (I'll explain why later.)

I had to select from ten applicants. In doing so, I kept one precaution uppermost in mind: Don't take first impressions too seriously.

As a result, for two weeks, I spent most of my spare time narrowing my choice down to the best prospects. Several looked especially good at first. But after personal interviews, during which I dug deeply into their backgrounds, I had soured on all but two.

The next step was to check up on these two. By phone, by letter, and, where possible, in person, I contacted teachers, hospital directors, doctors, and others given as references.

Some job! But worthwhile, I've found.

Incidentally, in getting a line on applicants, I left their relatives

strictly alone. I wanted no biased opinions.

One of the two candidates had a fiance; the other, a conviction that her career was to be solely professional, never marital. I hired the potential spinster. All other things being equal, I reasoned, the less an assistant has to do at home, the more she can do in the office.

The young woman we'll call Miss Blake started in with me on a four-week trial basis. She assayed as high as I'd expected. Otherwise, I'd have let her go without compunction at the end of the month. Why waste time and money training an incompetent? Much better to invest it in a renewed search for sound material.

I lost no time in shunting responsibility Miss Blake's way. And I don't mean just routine matters. True, until I could hire clerical help, she did my bookkeeping, stenography, filing, etc. But almost from the beginning, I assumed that she was capable of handling anything in my practice excepting only diagnosis and treatment. She wasn't at first, of course. But experience and I helped her out.

As soon as she had taken over a responsibility—such as making ap-

pointments—and had it well in hand, it became all hers. I ceased to bother with it or with her management of it unless some fundamental change was indicated.

The result is that she feels, acts, and functions like a business partner, instead of an employee, even though she doesn't pay half the rent.

My professional activities run on an appointment system. It's as strict as medical practice permits. Miss Blake is the important gear in that system. I'll describe it. Then you'll understand one reason why I wanted a registered-nurse assistant, why I describe mine as a partner, and why I'm so sold on the appointment system.

Being a nurse, Miss Blake came to me with a good general idea of the time required for different services. For example, she knew approximately how long it takes to get a new patient's case history and give him a proper physical examination, to change various dressings, and to administer routine medication. For a while I worked with her on making up my appointment schedule. Thus, she gained a fairly specific idea of the time I devote to various services.

Also, as she became familiar with many of my patients, she learned to strike a happy medium between the time they expect and the time they need.

Except in unusual cases, I now leave appointment-making entirely up to her. She makes as many mistakes as I would. Which is more comforting than distressing.

We use an appointment book in which the pages are ruled horizontally. Each resulting space is identified as a fifteen-minute interval, like this: 9:30-9:45, 9:45-10:00, etc. If a new patient phones for an appointment, Miss Blake gives her two consecutive spaces in the book—a half hour of my time. That's enough for taking a case history and for a first examination. Often, two or three simple-dressing cases are entered in one fifteen-minute space.

Broken appointments, unless managed properly, throw the system out of kilter. Therefore, they must be mended whether broken by me or by a patient.

The minute I find that I shall be unable to keep appointments, my nurse is notified. If circumstances prevent me from contacting her myself, I see to it that someone else does. She, in turn, tries immediately to reach those whom I can't see and to arrange another appointment. If it can't be done by phone, the local messenger service is used. I'm willing to pay the nominal charge to get word to a patient before he starts for my office. Why not? It's a small premium for insuring my system.

Those missed? Well, that's where diplomacy comes in. Sometimes, of course, those who come in, can not be seen, and are given subsequent appointments feel resentment. But it's apt to burn much lower than that ignited by a 75-minute wait during general office hours.

What about patients breaking appointments?

Most people, familiar with my system, cooperate. When possible, they let us know well in advance of their inability to keep a date. That gives Miss Blake a chance to let another patient in on the freed time; and to arrange another muN

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DESK SIGN EASES TIMID PATIENTS

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New PATIENTS who don't know the name of their doctor's secretary are often hesitant about speaking to her. If they want something, therefore, and are disinclined to ask for it, the result is a feeling of dissatisfaction.

I have avoided awkward situations in my own office by making the secretary's name clear to everyone who enters the reception room. It appears on a small, triangular sign which rests on the corner of her desk.—M.D., New York.

tually possible appointment.

Generally, patients who break appointments without warning are ignored. (However, we follow up recalcitrants for whom medical service is essential.) When they call for another, they are reminded that we function according to an appointment schedule; that in fairness to other patients the schedule must be maintained. They don't often let us down again.

When a patient willfully con-

tinues to disregard our schedule, he is treated in the same way as a deadbeat, and is refused service unless an emergency requires it.

Non-emergency patients who come in during office hours without an appointment are told by my assistant that I cannot see them until such and such a time. Most of them accept an appointment. Once in a while, however, hackles rise. One business man blustered recently: "By God, this is the first time I've been unable to see a doctor without an appointment. What's he think I am, a patient or a salesman?"

He stalked out. But the next morning he phoned. "Hey," he asked, "can I have an appointment this afternoon?" He could.

"I thought it over," he said when he came in, "and I guess I owe you an apology. Why don't more of you fellows arrange things so that we don't have to mark time out there?" He waved toward the reception room.

Recall my insistence on having a registered nurse as an office assistant?

Well, with more enthusiasm than modesty, I'd like to point out how right I was.

When on duty at my office, Miss Blake wears a nurse's uniform complete with cap and hospital pin. To assure spotlessness she dons a fresh one daily—twice daily, if necessary. The result is a professional appearance inspiring immediate confidence. Then, too, her early training gave her an understanding of patients and their ills and injuries. People recognize this instinctively. Result: added confidence.

And that means a great deal to

me. Let me give you a specific reason.

Many women, in spite of their confidence in a physician, hesitate, at times, to confide in him. Quite possibly the details withheld have a distinct bearing on a woman's condition. I don't know how many times patients too embarrassed to tell me about certain symptoms—pain during intercourse, for instance—have told all and then some to my assistant. She, of course, relays the facts to me. Thus, I can make important additions to a case history.

Another point: The assistance of a person who is and looks every inch the professional is an extremely important part of a proper routine in examining women.

At my office, I am never alone with a disrobed or disrobing female patient. Miss Blake is always there. Her presence—chaperonage, if you will—reassures even

the most timid and protects me from any imaginings on the part of neurotics. Occasionally, as you no doubt know, a husband comes along to guard his wife. (Whom does he flatter, us or her?) But he often remains to thank me for the way we ourselves protect her feelings and delicacy.

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Like most doctors, I feel, at times, that the telephone is more of an evil than a blessing. That conviction lays hold during busy office hours. But it gets Miss Blake, not me.

When I am in consultation or otherwise occupied with patients, the telephone on my desk rarely rings. When it does, I know that the call is really urgent. All incoming calls are taken by my nurse at her desk outside my office. She handles all requests to make, postpone, or cancel appointments. Patients who wish to discuss with me something not immediately press-

DOOR-IN-WALL HANDY FOR SPECIMENS



In my office I have a small lavatory for patients. The only entrance to it used to be from the reception room. Patients found it necessary, therefore, to undergo the embarrassment of carrying their urine samples through a room full of waiting people. I soon solved the difficulty by installing a small door and shelf in the wall between the lavatory and my laboratory which adjoins it. Now the patient need merely set the specimen glass on the shelf. I then open the door and get it.—John M. Rundall, M.D., Rochester, N. Y.

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ing are told that I am occupied with another patient. But they are urged to tell the complete story to Miss Blake.

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She then assures them that she will relay it to me and that I will call back later.

Emergency calls, of course, are given the right of way. When they come in, my nurse requests me to leave what I am doing, if possible, and come to the phone. If I cannot do so immediately, she assures the caller that I will phone him in a few minutes. On occasion it is impossible for me to respond soon enough. Then my aide, after securing permission from a frantic caller, dispatches one of several young physicians in whom I have confidence. Later, he reports to me. After reviewing his diagnosis and treatment of the case, I decide what, if anything, is to be done

As I have already said, I employ a clerical assistant for Miss Blake. This relieves her of bookkeeping, making out statements, paying bills, routine correspondence, etc. She has no time to attend such matters. A substantially increased practice is the reason. However, she supervises all clerical routine. Having carried it herself for a number of years, she well knows what it's all about. As a matter of fact, she hires and, if necessary, fires office help.

Her supervisory capacity also embraces the following:

By the time I arrive in the morning she has checked our supplies. She is in full charge of them, and does whatever ordering is necessary to maintain our stock.

She keeps a weather eye on the janitor. As a result, the office is never chilly, seldom stifling. The flowers in the reception room, the arrangement of furniture, an occasional change of draperies, and other housekeeping wrinkles are of her doing.

As a part of her routine, she marks medical journal articles for my attention. She began doing this several years ago on her own initiative. At first, some of her selections were of little interest to me. Now, however, I'd hate to miss most of those she picks. Of course, I don't rely entirely on her judgment. But when I'm too busy to scan my journals thoroughly, her preliminary reading proves decidedly worthwhile.

Our monthly billing is not one of my nurse's duties. But that does not prevent her from scanning regularly the list of delinquents. She calls my attention to those who are treating us unfairly, to others whose crippled finances warrant leniency. Together we decide what to do about them.

There's one serious trouble with an assistant like mine, namely: her vacation.

No cure, but a great help, is a substitute. Usually, I ask graduate nurses who have been under my eye at the hospital to fill in. Sometimes I am able to employ a substitute whom I have had before. That helps.

Helpful, too, is a two- or threeday training period given by Miss Blake before she departs.

Good things come in small packages, but they also come high. My assistant's salary is as high if not higher than those of her prototypes in this vicinity. As a matter of fact it exceeds those of nurses holding executive positions in the local hospitals. But it's one of my best in-



Samples on Request

A request, on your letterhead, will bring a dozen generous samples of Wheatena, with cooking instructions for bringing out the rare and delicious flavor of roasted and toasted wheat. Address The Wheatena Corporation, Dept. ME-6, Rahway, N. J.

The Wheatena Corporation

RAHWAY, NEW JERSEY

During the whole of recorded history wheat has been the food mainstay of the world's peoples. With a good wheat crop they got along; without one they "fared" badly.

No need to remind you that wheat is still around, doing its dietetic job. Wheateng is wheat—a hot wheat cereal. It is a hot, brown wheat cereal, too; because brown is the color of ripe wheat.

What wheat has, Wheatena has! Plus a roasted and toasted flavor that makes it extra welcome on the breakfast table. Wheatena is indicated when nourishing, sustaining and delicious breakfasts are desired.

THE HOT BROWN WHEAT CEREAL

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I pr vestments. My return on it? Well, I won't estimate how much my practice has grown on a diet of Miss Blake's capabilities. It might be embarrassing. But I will say this:

Thanks to her, I have more time than many of my colleagues to devote to medicine. And it's unspoiled by the thought of unfinished business.

-Anonymous

PLACES TO PRACTICE

(A Monthly Feature)

LOOKING for a location? Then try some of the towns listed below. Medical Economics can not guarantee that each is a promising place to practice. But it can vouch for the fact that physicians have died recently in all the communities named. Presumably, then, each may now have room for at least one more doctor. Only those towns are included which have populations of 50,000 or less and in which active practitioners have died. Names of these towns are obtained from Medical Economics' post-office

returns (returned copies marked "deceased"). They constitute the most complete and up-to-date list available anywhere—due to the magazine's large circulation (129,000 monthly). Data about the type of competition in a community, the financial status of the people, and general living conditions can best be obtained by a personal visit. Medical Economics will gladly answer mail inquiries, however, about the population of any town, the number of physicians in it, and hospital facilities available.

ALABAMA: Evergreen, Pine Apple

CALIFORNIA: Corcoran

Georgia: Decatur Idano: Boise

ILLINOIS: Canton. Gr

ILLINOIS: Canton, Griggsville, Jacksonville, McLeansboro, Mattoon, Oswego

Indiana: Hobart, Indiana Harbor, Orleans

Iowa: Burlington, Ottosen, Paullina, Sioux Center

KANSAS: Rolla

KENTUCKY: Clarkson, Clinton

MAINE: Waterboro MARYLAND: Berlin

MASSACHUSETTS: Salem, Westfield

MICHIGAN: Cassopolis MINNESOTA: Osseo

Mississippi: Ofahoma, Osyka

MISSOURI: Carrollton, Leeton, Willow Springs, Worthington NEBRASKA: Norfolk NEVADA: Sparks

New Jersey: Boonton, Clifton, Newton

New York: Chittenango, Glen Cove, Potsdam

NORTH CAROLINA: Fayetteville Ohio: Coshocton, Xenia

OKLAHOMA: Hydro

Pennsylvania: Franklin, Lansdowne, Lock Haven

SOUTH CAROLINA: Lynchburg

Texas: Abilene, Comanche, Corpus Christi, Cotulla, Hamlin, Hearne, Jacksonville, Mexia, Quanah

VIRGINIA: Buena Vista, East Radford, Fredericksburg

WEST VIRGINIA: Clarksburg, Parkersburg, Princeton, Wickham

Wisconsin: Camp Douglas, Evansville, Wisconsin Rapids.

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Freshman course in ingestion . . .

Richard Burke-4 months old

Off to a fine start on Clapp's Strained Baby Cereal, Richard will soon be having his first tastes of all the Clapp's Vegetables and Soups.

Like many experienced pediatricians, Richard's doctor finds the texture and consistency of Clapp's Foods to be particularly well-adapted to the training of the young alimentary tract. These foods are all smooth and finely-strained-but not too liquid.



Here's Richard at 7/2 months

Dinner-time is plainly the high spot of Richard's day. His newest love is Clapp's Strained Beets, and any day now he is to have Clapp's Strained Apricots, Prunes and Apple Sauce.

The wide variety of the Clapp list helps to overcome the innate conservatism of babies about foods-and this fact, in turn, helps to produce

excellent growth records.



Richard walks at 11 months

His lively activity, quite as much as his steady gains in height and weight, shows that his Clapp Foods are rich in vitamins and minerals. These factors are maintained by careful pressure-cooking and constant laboratory tests.

Working always in close contact with the medical profession, the Clapp Company has developed the most extensive group of baby foods ever pre-pared. And each addition has been made at a doctor's request.

NEW! Clapp's Chopped Foods

... coarsely divided foods for the older baby and the young child.

More uniform in texture than home preparation can provide—with all the advantages of Clapp's Strained Foods in vitamin-conservation, sterilization and convenience.

tion and convenence.

8 Varieties—Chopped Spinach, Beets, Carrots, and Green Beans; Chopped Vegetable Soup and Liver Soup; Chopped Prunes and Apple Sauce.

Now at grocers' and druggists'.

FREE! May we send you booklets on Clapp's Strained Foods and the new Chopped Foods? Ad-dress Harold H. Clapp, Inc., Dept MSM, 777 dress Harold H. Clapp, Inc., Dept Mount Read Blvd., Rochester, N. Y.



16 VARIETIES

Soups: Baby Soup (Strained), Baby Some (Unstrained), Vegetable Soup, Beef Broth.

Vegetables: Tomatoes, Asparagus, Spinach, Peas, Beets, Carrots, Green Beans Fruits: Apricots, Prunes, Apple Sauce.

Cereal: Baby Cereal.

Clapp's Strained Baby Foods



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PROFITEERS IN PITY

BY GRACE K. PLANT*

Time and again sweet charity turns sour as physicians are victimized by fraudulent money-raisers.

PERHAPS you visualize the charity racketeer only in terms of the random relief chiseler and the panhandler. And even if you include the man who dons his shabbiest clothes and the woman who leaves off her rings when consulting a doctor, maybe you still dismiss these sour notes in sweet charity as trivial.

But trafficking in pity is big

How many millions of dollars charity frauds collect annually no one can estimate. Saddest of all, unwise giving is equivalent to denying aid to the sick and unfortunate, since it dissipates resources which ought to be conserved to meet real needs.

The slogan of the charity promoter is, "There's one born every minute." And his hand is constantly in the doctor's pocket.

High-priced dance tickets, mongrel merchandise sold allegedly to benefit the blind, remit-or-return handkerchiefs mailed by professional beggars—these are some of the mechanisms used to cheat both the doctor and the poor whom he thinks he is helping. Believe it or not, some professional men even

buy advertising in year-books and programs. Only the high-pressure promoter disguises it as an "honor roll" or "patrons' listing" and rings in a subtle reference to "good will."

As to the lone hand in the charity racket, the individual who appeals directly to you to bestow a gift on him personally, the answer usually is, "Don't." He may be like the one-legged man who has solicited for years in our community for funds to re-educate himself or to buy an artificial limb, refusing the offers of social agencies to provide it. He does very well without it, thank you.

Perhaps you have paid liberally for a packet of greeting cards mailed with a pathetic letter from a man who says he is going blind. One such vendor buys some \$2,000 worth of postage stamps monthly to conduct his thriving business in unordered merchandise.

Popular legends notwithstanding, all mendicants do not own apartment buildings. Nevertheless, a shabby pencil-seller whose usual stand was outside a bank near my

^{*}Secretary of the committee on public solicitations, Minneapolis Civic & Commerce Association.



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office protested irately because she was not permitted during inclement weather to ply her trade just inside the door. She contended that her status as a depositor with a substantial balance entitled her to that

privilege.

Physicians know, or should know, that the really destitute man who begs the price of a cup of coffee probably needs a great deal else besides. A mere handout does little toward solving the problem. The dimes, quarters, and dollars given so casually, if deflected into the treasuries of the proper agencies, would care for a host of homeless men.

Many who never yield to the pleas of those who beg in their own behalf assume that an appeal made in the name of an association must have merit. Too often the organization is either a myth or the creation of a charity-monger, incorporation

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One member of the gyp fraternity, whose fifty-fifty proposal to raise money for a children's home had been turned down, threatened to compete with it. "All I've got to do, you know, is get me one orphan and form my own society. Then I'll take all the profit," he warned. And he did exactly that by means of a high-pressure ticket-selling campaign by telephone.

The handsome prospectus of a pleasures-and-luxuries fund for crippled children listed as backers movie stars, state governors, and business men of national prominence. It was to yield its founder a salary of \$25,000 a year and members of his family somewhat smaller emoluments. In an interview with this bright young man we propounded the principle that only

RECIPROCAL PATRONAGE

"PATRONIZE OTHERS as they patronize you" is a profitable motto for physicians.

It was brought to my mind recently by the friendly act of a local farmer. We had bought eggs and seasonal fruits from him. When his foot became infected, he called me up.

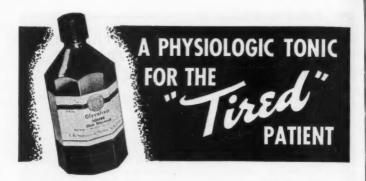
Conversely, in another case, I was obstetrician to the wife of a filling-station owner. He paid me in cash. Now I go several blocks out of my way to purchase gasoline from him.

Still another example: A butcher in town chopped his finger. He called me for emergency treatment and follow-up dressings. Since then my wife has transferred her trade to his establishment.

This mutual patronage works well for all concerned. Like nothing else, it cements the bond of friendship between doctor and patient.—M.D., Colorado.

unmet needs justify the creation of new-money raising organizations. We suggested that the crippled would be better served by giving increased support to worthy organizations already in the field. He conceded that societies for medical care, hospitalization, and education were functioning extensively, but asserted triumphantly that none made "scattering sunshine" its sole objective. By a process of elimination he had arrived at that unoccupied territory and staked his claim.

But the charity middleman's big bonanza is in those bona fide bodies who allow him to exploit their



GLYCOLIXIR derives its beneficial, tonic properties from glycocoll, simplest of all amino acids, which combines positive "muscle-sparing action" with biochemic detoxification. Glycocoll increases the phospho-creatine content of muscular tissue and thereby heightens the economy and energy of muscular tone and contraction. Systemically, glycocoll unites or conjugates chemically with a variety of aromatic and phenolic compounds. With benzoic acid it forms physiologically inert hippuric acid. Toxic cholic acid is converted into innocuous glycocholic acid, a normal constituent of bile. These two major actions-

detoxification and muscle-sparing properties—are both physiologically and biochemically demonstrable.

Coincident with these specific biochemic actions is improved appetite, a higher level of general health and vigor, and, as a corollary, an increase in the forces naturally resistant to disease as they occur or exist in the well person.

Glycolixir—modern in concept, therapeutically assayable, is proposed for the management of age-old, stubborn, refractory conditions — non-specific asthenia, weight loss, easy fatigability, anorexia, and nervousness, in short—the "tired" patient.

SUPPLIED IN TWO HIGHLY PALATABLE DOSAGE FORMS

Elixir—One tablespoonful presents 1.85 Gm. glycocoll in a specially blended base of fine wine. Average adult dose: three tablespoonfuls daily.

Tablets—The tablets present 1.0 Gm. glycocoll each. They are pleasantly flavored and distinctively colored. Also useful where the alcohol in the elixir may be undesirable. Average adult dose: two tablets, t. i. d.

For literature address Professional Service Department, 745 Fifth Ave., New York

E.R. SQUIBB & SONS, NEW YORK

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

names for his own gain while they accept a fraction of the money collected supposedly in their behalf.

An organization which we may call the Maiden Aunts of Veterans was offered \$100 as its share of the proceeds from a dance to be given in its name. (Promoters buy names at prices ranging from \$10 upward, according to their money-getting value.) The organization was not required to lift a finger, the promoter agreeing to print and sell the tickets, pay the hall rental and the orchestra—and take the remainder as his profit.

Allowing himself more than three months before the dance, he installed fifteen telephones and manned them with experienced "dynamiters." A continuous barrage of calls was trained on professional and business men. The sales talk, bristling with falsehoods, barely mentioned the entertainment offered, although the tickets cost \$2.50 each, but dwelt on the dire plight of veterans' families said to be dependent on the Aunts for Christmas baskets.

If the prospect consented to buy or even seemed undecided, a collector (stationed at the curb on a motorcycle) was despatched with a block of ten or more tickets. The telephoners received a commission amounting to 25% of gross sales; the collectors, 10%.

The contract did not permit the Aunts to restrict the number of tickets sold or even to know how many were printed. Further, it gave the manager the right to receive all monies and to endorse and cash checks made out to the organization.

These good ladies were indignant

over our committee's conclusion that they were, morally at least, parties to obtaining money under false pretenses. They found that stopping the ticket sale would stop payment of the \$100 to them and saddle them with the expense of the dance which they were legally obligated to provide. After the ball was over, estimates set the impresario's pickings at several thousand dollars.

Not all undesirable solicitations are downright fraudulent. Some are only inefficient or impractical. Perhaps you feel an instinctive sympathy for small, struggling charity groups (independent, they call themselves) who assure you that they pay no high salaries and have no powerful "interests" back-

END TO NEEDLESS NIGHT CALLS

Every country practitioner is familiar with the patient who waits until after midnight to telephone about some trivial ailment. Out our way the thermometer frequently hits 20° or 30° below. In winter, the roads are extremely bad. Consequently, unnecessary night calls are most annoying.

When such _ caller gets me out of bed, I sometimes tell him my car is out of order. I add that if he will come and get me I'll be glad to make the call. Nine out of ten decide to wait until morning.

Obviously, this method is not applicable to obstetrical or emergency cases. But it has reduced needless night work in my practice to less than half of what it once was.—L. H. Graner, M.D., Coleman, Wis.

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ing them. Your common sense may warn you that they are not very efficient, but you value more the warm, personal interest in their clients and the direct, red-tapeless methods which they ascribe to themselves. Alas, such amateur well-doers frequently incur very large expenses, particularly in their fund-raising; and they may be wholly inept in treating the social problems with which they profess to cope.

One doctor was about to say yes to a solicitation for a summer camp, newly established under dubious auspices, when the telephoner let slip the astounding statement that they would care for poor mothers and children and tuberculous ones.

Another case involved a child who had been forbidden milk by its doctor. A "relief society" had continued to supply the parents with milk for the child. I questioned one of the members about it. She gave me a stern "I've-raised-six-and-buried-two" look and said with finality that she "couldn't understand any doctor forbidding a child all the milk it wanted." Doctors not only contributed to this society, but also gave it at least one written testimonial.

You need not give blindly. Your community probably has investigative and endorsement facilities—a chamber of commerce or better business bureau. Your county medical society may even be able to act

as a clearing-house. In our city the executive secretary of the medical society is a member of the committee on public solicitations and is thus able to afford a considerable degree of protection to local physicians.

"There ought to be a law!" you say? I sigh at the recollection of my courtroom experiences. The judge, intimating his belief that smoke indicates fire, nevertheless finds frequently that the state has not made out a case. If you buy something-tickets, merchandise, or what not-and you get it, it matters not a whit legally what you were told would be done with the profits. To substantiate a charge of getting money under false pretenses, you must prove intent to defraud, which is usually impossible. Even if it is proved that it cost ninety cents to raise each dollarwhy, you can't arrest a man for that.

Education of the givers seems to be the only answer—stiffening public sales resistance into a flat refusal to support any benevolence that can not obtain the approval of an impartial, competent, endorsing body.

Your protection against the charity racketeer may be summarized in a series of don'ts:

Don't give in response to a telephone call.

Don't make checks payable to anyone but the actual treasurer of an organization and always mail



Cod Liver Oil Concentrate: Each capsule is equal in Vitamin A and D potency to not less than the equivalent of one teaspoonful of cod liver oil NNR and USPXI.

Write for literature ME 3-38

ZEMMER COMPANY, Oakland Station, PITTSBURGH, PA.

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THE electrocardiograph serves such an important purpose in the general practice of medicine that every physician has need for it. In the identification of disturbances of mechanism of the heart beat, it constitutes the court of last appeal. It gives vital information regarding all cardiac arrhythmias.

Simplified, inexpensive, dependable electrocardiography has been made available to the average physician with the advent of G-E's new light-weight low-priced instrument which can be used with equal satisfaction in the office or at the bedside. It is sturdy yet portable, is extremely accurate, and requires no complicated manipulation to produce a heart record that is of true diagnostic value.

Without incurring any obligation, arrange to make an electrocardiogram—yourself. It is a surprisingly simple procedure, and interesting. Learn, at the same time, what a valuable adjunct it would be to your other diagnostic equipment, valuable as an investment, too. Read, sign, and mail the convenient coupon—NOW.

| 10 | Have your representative arrange with me for a time and place convenient for my making an electrocardiogram on the new G-E Electrocardiograph. |
|----|--|
| 1 | NameAddress |
| 1 | State |
| 2 | GENERAL ® ELECTRIC K-RAY CORPORATION |

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them. Promoters sometimes succeed in having themselves designated as "treasurer of the yearbook committee," etc.

Don't contribute just because you recognize the names on the letterhead. Good names are often used for bad purposes.

Don't sign a list, and don't lend your approval without investigating thoroughly. Your name may be used as bait to hook others.

Don't give merely to gain good will. The good will of one individual may be all you get. And his opinion of you will probably be the reverse of complimentary.

Don't tie up your almsgiving with a purchase. When you give, give with open hands. And buy only on the basis of value.

Don't contribute just to get rid of a persistent solicitor. Careless giving nourishes rackets.

Don't give anything to anybody without getting the facts from your local endorsement committee or better business bureau.

LIABILITY FOR NURSES' NEGLIGENCE

A NURSE BLUNDERS. The patient is injured. Whom does the law blame—nurse, doctor, or hospital?

Circumstances decide.

Two recent court rulings reveal why a physician may or may not be charged with the fault.

In one case a patient was severely burned by hot water bottles. He sued the hospital, holding it liable because its nurse furnished the bottles.

But the doctor testified (1) that he placed the hot water bottles on the patient himself; (2) that he ordered them as hot as they were; (3) that he told the nurse to leave them alone until further directed; and (4) that he was in the room practically all the time the bottles were applied.

In this case the Supreme Court of Oklahoma ruled:

"Even though the nurse was in the general employ of the hospital, she was . . . under the doctor's immediate supervision. The hospital was not responsible for her actions." 1

Since this suit was against the hospital only, the court could make no decision on the doctor's liability. But, in exonerating the hospital, it at least laid the doctor open to suit.

Another patient, in a Missouri hospital, retained a special nurse suggested by his doctor. She administered a glucose solution so hot that it burned the patient's intestines. Suit was brought against the doctor.

The court decided as follows:

"The nurse was employed by the patient. Evidence does not disclose who actually engaged the nurse. But the patient paid for her services and discharged her.

"The mere fact that the doctor ... suggested that a certain nurse be called ... does not make the nurse the doctor's agent or make the doctor liable for her negligence."²

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¹Randolph vs. Oklahoma City General Hospital, 71 Pacific Reporter, second series, 607.

²Louzader vs. James, 107 South Western Reporter, second series, 976.



CONVERTED BATHROOM BECOMES

Dressing Room

THE BATHROOM in my apartment office was never of much use to me, so I conceived the idea one day of converting it into a dressing room for patients.

My first step was to have the bathtub removed. Then I had a carpenter build a small couch to fit into the empty space. Other appointments now include an attractive new mirror over the washbowl; a glass shelf just below it; papertowel holder; linen hamper; toilet-seat cover and rug to match; full-

length mirror; and a supply of facial tissues and powder puffs.

The color scheme is blue and white. It is carried out in the curtains, rug, couch cover, and all other items of equipment.

As may be seen in the accompanying illustration, valuable cabinet space is provided in the bottom of the built-in couch. In this space I keep linens and draping gowns.

A gratifying feature of this change-over was the small expense incurred. The building of the couch,

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for example, cost only \$25. Curtains were \$2. Toilet-seat cover and rug, \$2.50.

In offices where a bathroom isn't available for this purpose, a large closet or alcove can often be adapted to the same purpose. As long as there are mirror, towels, tissue, and, above all, privacy, patients will welcome it.—M.D., Pennsylvania.

LETTER ON INSURANCE

I AM WRITING to you for the purpose of commenting on some of the statements made by Ray Giles in his article in your January issue on "Better Insurance for Smaller Premiums."

In Money Saver 3 he advises residents of Massachusetts to familiarize themselves with Massachusetts Savings Bank insurance policies because they are as safe as those offered by regular companies, and are obtainable at a lower net cost. This statement is misleading to the average reader unless the facts are discussed in further detail. The author admits this to a certain extent in Money Saver 11 when he advises the reader to consult an insurance adviser before determining which of the various settlement methods is most applicable to his situation. This advisory service, which is rendered by the competent life underwriter, is not obtainable from Massachusetts savings banks which sell life insurance.

In Money Saver 5 he refers to group insurance. He fails to say, however, that such protection ceases when a man leaves the employ of his company, unless group insurance is converted into a permanent contract at the then-attained age. This makes group insurance of value only while he is with that particular organization.

In Money Saver 6 the author talks about the preferred risk rate. That, I'm afraid, is largely a matter of psychological selling. If you are not a preferred risk, you do not buy insurance at standard rates, but at substandard rates. A policy known as a preferred risk contract is not predicated on the individual's health, but is actuarially arranged on a lower premium basis.

In Money Saver 7 it is stated that regular accident insurance may be cheaper than double indemnity. I know of no company, however, in which it can be bought for less than the double-indemnity charge, which is usually \$1.25 a thousand.

In Money Saver 12 the author says, "always reserve the right to change a beneficiary". If he had stated that one should usually reserve the right to change the beneficiary, he would have been more nearly correct. There are many instances where the right to change a beneficiary should not be reserved—particularly where inheritance-tax problems exist. I refer him to any authority on taxes, wills, and trusts, to substantiate this statement.

In Money Saver 13 the author says, "always name a contingent or secondary beneficiary." Again, this usually should be done. However, when a life insurance trust is established naming a corporate fiduciary as trustee, a contingent beneficiary is not necessary and seldom, if ever, used.

As regards Money Saver 14, it may be interesting to the author to know that by means of the non-forfeiture provisions which are standard in contracts of all leading life insurance companies, it is possible at any time to convert a life policy into paid-up insurance or an endowment. Therefore, there is no reason for the buyer to be fearful of the provisions in a standard.

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ard contract issued by a reputable company.

According to Money Saver 18, guaranteed surrender values are higher on old policies than on current ones. In some companies this is true because they have changed their actuarial methods.

In Money Saver 20 the author again makes too sweeping a statement when he says, "the foregoing Money Saver shows the wisdom of having all insurance and endowments convertible into annuity income." Here, likewise, there are many instances where it is advisable for such contracts to be payable in other ways, so as to avoid inheritance and gift tax problems.

In Money Saver 21 the author makes a decided error in stating that "insurance income received by a named beneficiary is practically always subject to less federal income tax than the same amount of income from securities." Income received from insurance contracts is taxed exactly the same as income from any other accurity, with the single exception that that portion of income from insurance option modes of settlement which is taken from principal is not subject to tax.

In Money Saver 26 it is stated that "term insurance is the cheapest to take if you are sure that you want only insurance protection for the term of years specified." This statement is inaccurate. It should be changed to read, "Term insurance is the cheapest to take if you are sure that you want only insurance protection for a period not exceeding approximately five years. If the period of time where protection is needed extends further than five years, it will be found that a per-

manent type of insurance is cheaper."

The author could much better serve the interests of the public, in my opinion, by advising his readers to deal with a life insurance agent who is thoroughly competent on this subject, and desirous of serving his clients' best interests, rather than by stimulating a feeling of suspicion toward life insurance institutions. The sooner we all limit our efforts to constructive thoughts and suggestions, and eliminate destructive criticism, the more quickly our economic problems will disappear.

T. L. Fowler, Assistant Manager Union Central Life Insurance Co. Philadelphia, Pa.

COLLECTION PIRATE WALKS PLANK

READING THE ARTICLE, "Collection Pirates," in Medical Economics, I recognized one of the buccaneers mentioned as a recent visitor to my office. That was my first experience with a collection agency. The salesman's assurance that everything was to be done by personal contact was my downfall. I gave him a list of delinquent accounts.

It wasn't long before I was deluged by letters from these angry patients. They enclosed warnings they had received from the agency. These advised them to pay their bills to the agency at once on pen-

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alty of legal action. To make it worse, one account was padded several dollars.

Immediately I wrote three letters of my own.

Copies of the first were mailed to all of these patients. They were instructed to ignore future communications from the agency, to send them no money, and to drop into my office for an explanation.

The second went to the postal inspection authorities. It advised them that the agency was using the mails to defraud.

The third enclosed a copy of my note to the postoffice department. Addressed to the collection agency itself, it demanded that no more duns be sent my patients.

The system worked perfectly.

When my patients called, I explained that I had expected the company to send a man to arrange for them to pay off their bills in small installments. After they heard how I had been taken in, they were highly sympathetic. Many paid what they owed, on the spot.

Then I contacted several neighboring physicians who had also signed up with this agency. On hearing my story, they took similar action. The result was that the agency sent no more letters. And the doctors collected some accounts they had never expected would be settled.

It is my hope that other physicians whose practices are being "scuttled" by a collection pirate will find this method useful in making him "walk the plank."—
Ngyin H. Rupp, M.D., Akron, Pa.

To escape legal entanglements, a certain chiropractor recently changed his first name to "Doctor."

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Promote Non-Surgical Drainage in Sinusitis with

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When McKenzie writes that "the surgical treatment of chronic nasal sinus suppuration is often disappointing", he is expressing the opinion of numerous rhinologists whose experiences with intranasal surgery have been far from satisfactory.

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CAUGHT IN THE ACT!

Disillusionment—or a jail sentence—threatens any physician who dispenses narcotics without a thorough knowledge of the law. This article discusses the implications and application of the Harrison Narcotics Act and maps out a safe course of conduct for the private practitioner.



Since circle coaxed Greek sailors with her charming cups, governments have held that "dope" turns men into swine. Uncle Sam is no exception. Our laws regulating drugs are strict and drastic. Every time you prescribe a narcotic, you risk a severe penalty. Over your head hangs a \$2,000 fine, five-year jail sentence, or both.

Not that this should alarm the honest private practitioner. If you order opiates in good faith and in the course of treatment, you need not worry. But suppose you could not convince a court that a drug was prescribed legitimately? Suppose you erred in just one fatal instance?

Then you might easily find yourself enmeshed in the net of the Harrison Narcotics Act.

The Harrison Act does not aim to regulate medical practice. Primarily and avowedly, it is a revenue measure. Control of narcotics is merely incidental. For the U. S. Supreme Court has ruled thus:

"The declared object of the antinarcotic law is to provide revenue. Whatever moral end it may have in view must be reached only through the revenue measure. Obviously, direct control of medical practice in the states is beyond the power of the federal government. Incidental regulation of medical practice by Congress through a taxing act cannot extend to matters plainly inappropriate and unnecessary to reasonable enforcement of a revenue measure. The enactment levies a tax and may regulate medical practice in the states only so far as reasonably appropriate for or merely incidental to its enforcement."1

The act permits medicinal use of narcotics under the direction of physicians. At the same time, it seeks to prevent medical men from trafficking in drugs.

But how is the private practitioner to determine where "medicinal use" ends and "illicit trade" begins?

The Bureau of Internal Revenue attempts to help the profession solve this problem. Its commissioner has issued a guide for physicians. A copy can be secured from your district collector. It is well to

¹Linder v. U. S. 268 U. S. 5.

read this thoroughly before prescribing narcotics.

In general, there are three rules to follow. The first is registration with your district internal revenue collector. This has two purposes. It advises the bureau who is prescribing drugs. It protects you as the author of legitimate prescriptions. The second requirement is that narcotics be prescribed only in the course of practice. The third is that the patient must be bona fide and personally attended.

If these are followed, there is little to fear. But any overstepping of the bounds is apt to engender ruthless action by the federal authorities.

Although distribution of narcotics from anything but original, stamped packages is customarily prohibited, the rule does not apply to a registered physician in the course of practice. This grant of immunity, however, carries two provisos:

 The drugs must be for medicinal purposes.

2. A record of such cases must be kept for two years.

This record is subject to inspection by federal authorities. It must reveal the amount, date of treatment, and the name and address of the patient. Cases where the doctor "shall personally attend" are specifically excepted. This appears to exempt the physician from recording narcotics directly dispensed. Nevertheless, such records should be kept for your own protection. They will be an invaluable defense should you be accused of handing out narcotics in excessive amounts or to gratify the appetite of an addict.

Narcotics may be employed legally to treat incurable diseases. Cancer, advanced tuberculosis, and other such ailments fall into this class. But the physician must state on the prescription that the drug is for an incurable illness.

These regulations change from time to time. The only way to stay informed is to obtain the current regulations from your local revenue collector.

Physicians most frequently violate the Harrison Act by assisting illegal sales. In one case, a doctor prescribed for an addict. He made no attempt toward a cure. Both he and the pharmacist knew the drug was not being administered in the course of practice. This doctor was arrested and found guilty. The charge was aiding and abetting the [Turn the page]

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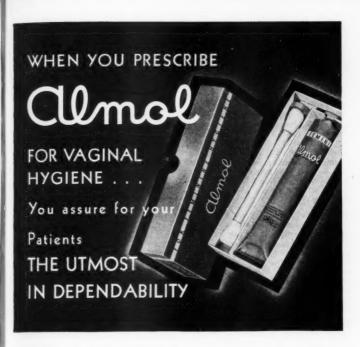
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BASIC OPERATIONS IN COMMERCIAL CANNING PROCEDURES

I. CLEANSING OPERATIONS

 As reference to a recent text on canning will disclose (1) the details of commercial canning procedures will vary from product to product. There are, however, certain basic operations which are included in practically all canning procedures. In the belief that they may prove of interest, it is our intention to describe in broad detail the nature and purposes of these essential operations.

One of the first and most important steps in commercial canning is the thorough cleansing of the raw food material received at the cannery. The purpose of such an operation is, of course, immediately evident, namely, to remove soil, dirt or other inedible substances which may be present. However, cleaning also serves to reduce substantially the load of spoilage bacteria with which Nature usually endows raw foods.

Commercially, cleansing is effected in a variety of ways. In general, however, water washers specifically designed for the various types of products are used. In these machines, the raw food material is subjected to high-pressure sprays or strong flowing streams of potable water while passing along a moving belt or while being tumbled by agitating or revolving screens. Sometimes a "flotation" type of washer is also used to remove chaff or similar material.

With certain products, water washing is preceded by a "dry" cleaning treatment in which adhering soil and dirt is mechanically removed from the food by revolving or agitating screens, or by strong air-blasts.

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Also, in certain canning procedures, operations whose basic functions are not primarily to clean the raw material may also exert a cleansing effect. Thus, the "blanch" or scalding treatment accorded many products serves to clean the food, as does the water spray sometimes applied to foods after the blanch.

Modern canners know the necessity of thorough cleansing of the raw materials they use. They appreciate that thorough cleaning and removal of extraneous material decreases the load of spoilage organisms which must be destroyed by the heat processes to which all canned foods are subjected. They also appreciate the necessity of maintaining strict plant and equipment sanitation to destroy spoilage bacteria which may be carried in by raw foods.

Because of the efficient cleansing of raw materials and close attention to the other important operations in the commercial canning procedures, modern canned foods must be ranked among the most wholesome foods coming to the American table. (2)

AMERICAN CAN COMPANY

230 Park Avenue, New York, N. Y.

(1) 1937 Appertizing or The Art of Canning,
A. W. Bittings,
The Trade Pressroom, San Francisco.

(2) Preventive Medicine and Hygiene,
M. J. Rosenau,
Appleton-Century Co., New York.

This is the thirty-third in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y.



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Suppose you have an addict-patient. Are you allowed to give him parcotics?

The answer is found in a historic case. A practitioner gave such a patient four morphine tablets. They were intended for relief of conditions incidental to the habit. The doctor was convicted of violating the law. But the U. S. Supreme Court set aside the conviction. It commented:

"The Harrison Act says nothing of 'addicts' and does not undertake to prescribe methods for their medical treatment. They are diseased and proper subjects for such treatment, and we cannot properly conclude that a physician acted improperly or unwisely or for other than medical purposes, solely because he has dispensed to one of them in the ordinary course and in good faith, four small tablets of morphine for relief of conditions incident to addiction. What constitutes bona fide medical practice must be determined upon consideration of evidence and attending circumstances. Mere pretence of such practice, of course, cannot legalize forbidden sales or otherwise nullify valid provisions of law or defeat such regulations as may be fairly appropriate to its enforcement."1

Under this decision, narcotics may be prescribed or dispensed to relieve conditions incidental to addiction. But the addict must be a genuine patient. The prescribing or dispensing must be in the ordinary course and in good faith. A physician may also dispense narcotics, of course, to effect a cure for addiction.

The danger lies in frequent prescription of narcotics in large quantities. This creates the suspicion that the physician is using his profession to encourage addiction.

The Harrison Act is not the only law governing distribution of narcotics. A number of states impose restrictions which must also be observed.

- C. R. ROSENBERG, JR., LL.B.

MEDICATED MEMOIRS

A HANDFUL of physicians lately have found a profitable source of revenue in writing. Two of the most popular recent books have been concerned with medicine, and both were written by doctors. An American Doctor's Odyssey" by Dr. Victor Heiser has been for some time a best seller on national nonfiction lists; and Dr. A. J. Cronin's novel, The Citadel, dealing with medical abuses in England, has enjoyed a popularity hardly merited by its structure, development, and characterization.

Radio dramatizations, movie scripts, newspaper serials, and similar forms of popular entertainment have acquainted the public with the romantic nature of a doctor's life as visualized by imaginative writers. Thus, authentic life stories, conveying the atmosphere of fact, attract attention as solid antidotes to fanciful stories of love and conflict in the laboratory.

Dr. Heiser and Dr. Cronin, representing a body of contemporary letters, are symptomatic of lay interest in medical books treated so

¹Linder v. U.S. 268 U.S. 5.

as not to appear too antiseptic for popular consumption. Evidence of this is seen in the fact that Dr. Logan Clendening's The Human Body and Dr. Karl Menninger's The Human Mind were recently reissued in handsome new editions as attractively designed as if they contained the scandalous reminiscences of a broken-down ballet dancer.

Medical men viewing the popularity of these volumes will inevitably consider the financial possibilities of authorship-a consideration which pleasantly ignores follow-up letters on long overdue accounts. Because most doctors have not been trained to write for the circulating library trade and have little time to brush up on the technique of turning out saleable copy, a discussion of their distinctive belletristic problems may therefore prove a helpful substitute for research.

Most doctors will find the autobiography a better medium for expression than the historical or guide-to-health volumes. The success of this form is encouraging and its rules are not difficult to grasp.

The opening section of a marketable autobiography usually details boyish reminiscences tending to show that even at the age of seven the autobiographer bound the broken legs of neighborhood cats in improvised slings.

If the writer's father was a physician (preferably a country doctor of the Jean Hersholt type), some mention should be made of long. dangerous trips into the hills, over swollen streams, muddy fields, and crook-infested byways, all done to deliver a genial farm woman of twins. When the twins are born, the farmer claps the writer's father on the back, pours him a stiff drink, and they wish each other well; while, to quote an approved chapter ending, "I pondered the beginnings of life and hoped that someday I, too, might bring to a farm home the happiness my father had just brought." (No reference should be made to the trouble the farmer will have feeding a family now increased to ten.)

The physician must bear in mind constantly that a majority of the purchasers of his book will be women. This thought should guide him through the second section of his book, tracing the first love affair, education, internship, and marriage. Fortunate, indeed, is the autobiographer with a genuine tragic

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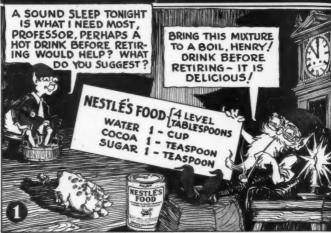
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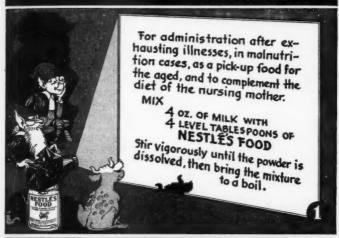
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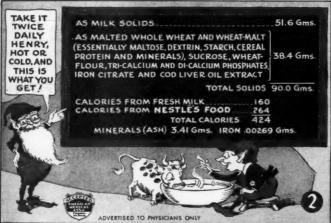
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NESTLÉ'S FOOD is a powdered mixture of malted whole wheat, wheat malt (both essentially maltose, dextrins, starch, cereal proteins and minerals), whole milk solids, sucrose and wheat flour with the addition of small amounts of sodium chloride, tri-calcium and di-calcium phosphates, iron citrate and cod liver oil extract. It contains Vitamins A. B. G. and D.

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love affair to work into his narrative. This episode alone, according to recent statistics, sells 37.6% of medical autobiographies in New England; 63.1% in Alabama; Mississippi, Georgia, South Carolina, and Arkansas; and 42.3% in other states with book-reading citizens.

"About this time," the conventional love chapter opens, "my thoughts were turned by a summer moon from Gray's Anatomy to the trim figure of the little girl across the street, whom I shall call Mary. We used to attend the same Sunday school class; and many's the time in those far-off days when Mary would come running into my 'laboratory,' as I called my basement workshop, with a wounded pet-a stray cat or dog-and I would apply remedies borrowed from the family medicine cabinet. I remember Mary once brought me a sparrow with a broken wing and we gently nursed it, building a cage for it near the window where the afternoon sunlight was brightest.

"We parted as childhood friends always part, and when we met that night at the country club I scarcely recognized the graceful, laughing girl who greeted me so warmly as little Mary Marchmont. We were together often that summer, driving far into the country while Mary chattered enthusiastically of her proposed stage career and I tried to slip a word in edgewise about what a famous surgeon I was going to be.

"When I returned to the university and Mary went back to New York to continue her study of dramatics, we promised to write every day. For a week we did. Then letters were exchanged less often, finally ceasing altogether. Mary, I suppose, was too engrossed in her studies to write. I was working on a term paper—diabetes mellitus, I think."

Standard courtship episodes suffice where the autobiographer's premarital life passed without deep emotional experience, but a serious writer will delve deep into his amorous past for a tragic nugget with a high assay value. Take Mary for illustrative purposes and assume that she has become a famous actress and the author (as the publishers have noted in boldface blurbs) is "one of the world's leading surgeons." Mary is about to die. Only an immediate operation can save her. And only the autobiographer has the skill to perform that operation.

"As I faced Mary, lying there so still and white, my thoughts went



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mnd back to our basement laboratory and I prayed for skill to help me in the saddest task of my professional life. I knew the danger and I think Mary sensed my alarm. Just before she was taken to the operating room, she looked at me and smiled, pain distorting her lips. 'Remember the sparrow,' she said. And I have never forgotten. Even now, twenty years after I followed that slim, wasted body to its resting place, I find myself on summer evenings remembering that sparrow."

Tragedy provides an excellent ending of this section of the autobiography. If the writer has watched his space carefully, he should be somewhere near page 150, with 200 or so pages to go. He may begin the next section of his book, "To overcome my grief I plunged still deeper into my work." Then begins a popular part of the book which is essential in all medical memoirs.

In a word, the physician must travel. The more popular autobiographers find it necessary to visit London (where they get a peek at the king reviewing the palace guard); to study in Paris, Germany, and Vienna (always under "internationally famous" teachers of whom the reader has never heard); and, finally, to be called to India, the South Seas, or Alabama.

Thus are readers given an intimate view of medicine on an international scale. We hear the majestic tone of Big Ben and meet Sir Anthony Mockthronson-Smyth, the famous English surgeon, who advised the young autobiographer, "Hard work and an eye always open, that's the secret, young man." We see the Eiffel tower by moonlight and obtain (quoting the blurb) "a close-up of French methods of preventive medicine which is unique in modern literature on the subject." We drink beer with gay young German students (all of whom are in love with pretty barmaids) and note the eccentricities of Dr. Von Krumholtz, beloved German surgeon, famous for his delicate brain operations and his stamp collection (rated by philatelists as the best private collection in Europe). Finally we have a view of the quaint customs of the native of India, Samoa, or Alabama, along with a modest review of the writer's work in stamping out some "dread disease."

Attaining this part of his book (and already his wife will be asking him if he is ever going to finish it and make a fourth at bridge when the Van Brunts call), the physician has only two essential sections to write. One chapter must deal with the author's successful practice among the very rich and the very poor. (Middle class patients have too much pride to avail themselves of the medical skill dispensed at clinics and not enough money to employ high-priced spe-



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The Analgesic in Alka-Seltzer

This is the first of a series of experiments to determine the value of Alka-Seltzer as a home remedy for the relief of minor symptoms such as headaches, "sour stomach," etc., caused by over-indulgence, and as a simple means of providing relief in the early stages of a cold.

RESEARCH PROBLEM NO. 1

The Analgesic in Alka-Seltzer

Experiments were conducted to determine the nature of the analgesic component in a solution of Alka-Seltzer in water.

The results will show that NO FREE ACETYLSALICYLIC ACID could be recovered from an aqueous solution of Alka-Seltzer and, moreover, that a part of the sodium citrate and bicarbonate may be available for the formation of the sodium SALT OF ACETYLSALICYLIC ACID.

Experimental Method

Four experiments were conducted using suspensions in 100 cc. of water of (1) acetylsalicylic acid, (2) acetylsalicylic acid plussodium citrate, (3) acetylsalicylic acid, sodium bicarbonate and citric acid, (4) an Alka-Seltzer tablet in solution after effervescence has ceased.

An aliquot portion of the above solutions was extracted with chloroform and evaporated to dryness on a water bath, the residue was taken up in 1 cc. of ethyl alcohol (95%), 0.25 cc. of concentrated HCl and 1 cc. of water

were added and the mixture hydrolysed in a water bath at 100° C. for 10 minutes. When the mixture had been cooled to about 23° C., 45 cc. of water were added, followed by 1 cc. of freshly prepared 8% ferric ammonium sulphate. The mixtures were then made up to 50 cc. with water and compared in a Klett Biocolorimeter with standards prepared freshly from salicylic acid by a similar method.

Results. (1) Approximately 100% yield was obtained from a 0.3% solution of the acid. (2) In a solution of sodium citrate 2% and acetylsalicylic acid 2%, acetylsalicylic acid is present both as free acid, and as the salt of acetylsalicylic acid from which the free acid may be separated by acidification. (3) Free acetylsalicylic acid was not found in a solution of a mixture of citric acid, sodium bicarbonate and acetylsalicylic acid in relative amounts equivalent to the proportions of these ingredients in an Alka-Seltzer tablet. (4) FREE ACETYLSALICYLIC ACID WAS NOT FOUND IN A SOLUTION OF ALKA-SELTZER (1tablet in 100 cc. water).

Alka-Seltzer is not intended or advertised to replace the services of the physician. It is a household remedy for the relief of minor, transient ailments.

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cialists.) The final chapter follows the author into retirement, finds him pottering about his garden, reading the books he had always intended to read, and attacking his waistline with a daily round of golf. If the author desires it and the publishers think a few extra pages will help the sale, he may add a post scriptum view of the future of medicine or an essay on the advisability of a young man or woman taking up medicine as a career.

In the success chapter the author casually mentions his town house. his chauffeur, secretaries, and similar evidence of prosperity; but this comfortable setting serves merely as a background for a sketch of a famous actor, author, industrialist, statesman, or educator as the physician knew him. A standard practice is to describe a well known celebrity coming into the office "just like homefolks" and chatting intimately with the physician about his work. This affords the blurb writer an opportunity to note on the jacket, "The great and near-great of the world have beaten a path to his door. Here you will meet the celebrities in an intimate setting."

The last chapter finds the author following Candide's advice, "We must cultivate our garden." The reader's final impression of the autobiographer is a pleasant picture of an affable scientist, putting on weight, peering over his pince nez at seed catalogues, chucking his grandchildren under the chin, and, to quote his last words, "walking somewhat slowly down the narrow pathway of life, surrounded by a happy flock of chattering children. I have my memories, yet-not always happy, no-but comforting. It has been a rich life and I have mended many broken wings since the distant afternoon when Mary and I tended the wounded sparrow. Like Prospero, I have broken my wand and the long familiar odors of the hospital are almost forgotten in the varied scent of my garden. Only today the new spring catalogues arrived and I must be getting to them."

Neatly typed on one side of the paper only, set down in non-technical prose according to the approved outline, the autobiography is ready for the publishers. There will be contracts to sign, proofs to read. breezy bits of autobiographical distortion to write for the publicity department, and, at long last, the advance copies will reach the author. His wife will say the picture on



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It is evidently considerably better than we thought.

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physicians do not care to make a call burdened with "heavy marching order". A stethoscope and a few other prime requirements are enough—and fit easily into this B-D Utility Case.

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The writer will be asked to speak to a women's literary club and to a women's "social awareness" group. A schoolteacher in Idaho and a bank teller in Georgia will ask him to autograph their first editions. His friends will evade him for at least three months for fear he will ask if they have read the book.

A few royalty checks will bob up in the daily mail, too. But the physician should not divide the total royalties by the number of hours spent on the book.

His wife will probably make the calculation and discover that it figures about four and a half cents an hour.

- JOHN D. WEAVER

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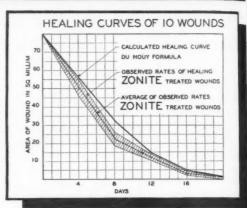


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Investors' clinic

Tax deductions...asbestos test for securities...\$200 monthly generates fortune...holding the holding companies...beware of "switchers"

March 15—only two weeks ahead—is a lot more important to American taxpayers than the Ides of March were to ancient Rome. Which explains why many investors are busy seeking ways of reducing their federal income tax payments. Not as tax evaders, either; but as frugal citizens.

In line with this thought, a substantial number are planning to "write off" their capital losses. About these legitimate deductions we have already written; but there is still another item which physicians can deduct to good advantage, namely: bad debts.

Capital losses, such as those sustained on stock sales can be deducted up to \$2,000. But no such limitation is set on bad debts. The important thing to remember is this: Capital losses must be deducted in the taxable year during which they are suffered; bad debts must be deducted in the taxable period during which they were ascertained to be bad.

How can you prove your debts are bad? By proving the bank-ruptcy of the debtor. Or, if that is not possible, by proving that to obtain a judgment against the debtor would merely entail expense without bringing in money to settle your claim.

Usually, your local Internal Revenue Bureau agent can tell you whether the debt you want to deduct is bad or not. If you do not wish to call at the agent's office for advice, then make the deduction on your income tax return, accompanying it with evidence to prove that the debt is bad.

* * *

Fire-proofing is not limited to building materials. The asbestos test should be applied to securities as well.

Whether buying stocks or bonds, always look beyond the published balance sheet of the company you're interested in. For not always is the complete story told there.

In 1930, for example, American copper mining companies pegged the price of raw copper at 26c a pound. Judging from their balance sheets, there was no stronger combination in the world than that controlled by American producers. In Rhodesia, South Africa, however, producers had already begun to turn out a product at less than one quarter the price set by American copper mining entrepreneurs. As a result, the price of copper soon broke abruptly.

Competition forced that showdown. And competition is only one

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of several important intangibles that the investor should keep in mind when purchasing securities.

Other factors worth careful probing are:

How have fixed interest charges been covered over a period of, say, fifteen years? Is the company showing that it can meet these charges more easily in 1938 than it did in 1923? If not, it may only seem to be doing well, while it is actually losing ground.

Another point: Has the company any heavy debt maturities to worry about in the near future? More than one promising concern has been upset by running into heavy debt refunding problems during a period of business recession.

Again: Is there any prospect of serious, unannounced competition? Or is the government likely to enter the field on a trust-busting campaign?

All these things must be taken into consideration.

One of the most interesting estates settled recently was that of William C. Martin, for many years chief auditor of the water department of the City of Cleveland. To the amazement of his executors, it

was learned that Mr. Martin had left an estate of more than \$150,000, of which securities accounted for some \$144,913.

Mr. Martin died at the age of 76. His fortune was made over a fifty-year span during which earnings averaged less than \$200 a month!

He achieved this remarkable record, it was shown, by studying the investment market closely and by analyzing with infinite care the financial condition of every company whose securities he purchased.

Diversification was one of the most important rules he followed. For example, he rarely put more than \$2,000 into bonds of any one company. His largest bond holding was a \$5,000 mortgage of the Pensylvania Railroad. The rest of his bond portfolio consisted of small investments in some fifty corporations, plus a sprinkling of federal, state, and Canadian issues.

He also held stocks of 33 corporations. Virtually all of these were in amounts of from ten to twenty shares.

Readers of this column may recall that in July, 1935, mention was made of an informal interview

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which the President had had with members of the Washington press.

In his off-the-record remarks at that time, the President explained the policy of the New Deal toward holding companies in the public utility field. Certain iniquitous holding concerns which were taking too much money out of their operating companies would, he said, be scrapped.

Since then, holding companies of that type have cleaned house of their own accord, thus complying with the President's terms. One of them, for example, has dispensed with nearly one hundred intermediate holding companies (those existing between the top parent organization and its operating units). Still other companies have shown that they conformed with such principles as the President specified long before his new legislation was even proposed.

Inquiry made recently in Washington indicates that considerable discretion will be shown in the administration of the act—the "death clause," as it is known to the utilities industry. On that basis, it seems safe to assume that the more conservatively-managed holding companies with properties scattered in a number of states will be permitted to live—assuming that their managements can show that no undue looting of the operating companies has taken place.

This news is of extreme importance to holders of the stocks of these companies. It indicates that a policy of fairness and reason will probably govern the administration of the act.

According to an investigator for the Securities Exchange Commission, with whom I talked recently, a fairly flourishing type of spurious stock promotion is now gaining headway in a number of cities. The plan is simple, though effective:

A group of fly-by-night operators open offices. They obtain a "sucker" list and canvass prospects on it by telephone.

Usually, in the beginning, they suggest the purchase of a good, reputable stock. Once they have aroused interest, however, they resort to the game of "switching." They induce the prospect to let them exchange good securities for poor ones.

These bogus salesmen seem to be doing especially well among professional men. The safeguard against them, however, is simple:

Investigate before you invest not only concerning the merits of the stock you contemplate but also regarding the firm which is offering it for sale.

-FRANK H. McCONNELL

A MADRID, Nebraska physician has this sign in his office: "I am in business for your health—not mine."



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In New Steri-tector

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| Dr | | |
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H.O.L.C. PLAN BARBAGED

THE H.O.L.C.'s Group Health Association, Inc.-regarded by many as the broadest avenue to state medicine vet laid down-has caused increasing forensic furor in Washington, D. C. Blows have been leveled at it from the public platform, in court, and on the floor of Congress.

The District (of Columbia) Medical Society sponsored a public forum recently for discussion of the H.O.L.C. plan. Eleven prominent local physicians were selected to take the stage at the medical society's auditorium. From there they answered questions put by an audience comprising society members, officials and members of the G.H.A., and civic leaders. The proceedings were broadcast by a local radio station.

Dr. A. C. Christie, chairman of the society's panel of discussants, showed why the health insurance principle as incorporated in the G.H.A. is an unnecessary evil. He cited two alternative plans looked on with favor by organized medicine.

One was the so-called Washington Plan promulgated about three years ago. It enables low-incomers to meet medical expenses by budgeting them in accordance with their earnings. The other is the medical expense insurance scheme now being considered by the profession in Washington and in New York State. Without infringing free choice, the latter would provide cash with which to meet catas-



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For convenience and to assure regular dosage for the ambulant patient —Phillips' Milk of Magnesia Tablets. Each tablet equivalent to a teaspoonful of Phillips' Milk of Magnesia (liquid).

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As an antacid: 2 to 4 teaspoonfuls (2 to 4 tablets).

As a gentle laxative: 4 to 8 teaspoonfuls (4 or more tablets).



PHILLIPS'

Milk of Magnesia

Prepared only by
THE CHAS. H. PHILLIPS CHEMICAL CO.
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MEDICAL ECONOMICS · MARCH · 99

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INJECTABLE BEE VENOM

Developed as a result of 10 years laboratory and clinical research. The effective results obtained by APICOSAN have now been duplicated in this country.*

A New Booklet On Bee Venom Therapy

Now Available

Send coupon to receive your copy.

*Annals of Internal Medicine, Jan. 1938, page 1077.

APICOSAN is made in the U. S. A.



trophic medical expenses. (For complete details see February issue, page 40.)

Dr. F. X. McGovern then took the platform to declare that the average Washingtonian can have adequate medical care without any group health project. He cited a recent survey showing that the average hospitalized private patient earns \$155 a month.

At this writing the court battle over the legality of the G.H.A. continues. Acting U. S. Attorney David A. Pine has warned the organization that, unless it suspends operation, he will seek an injunction against it. He charges that it is engaged in the illegal practice of medicine and is carrying on an insurance business without a license.

Refusing to give ground, the G.H.A. has asked for a court ruling on its status.

Meantime, a number of Congressmen are trying to demonstrate that the H.O.L.C.'s \$40,000 advance to the G.H.A. was unconstitutional. Among them are Cochran (D), Missouri; Wigglesworth (R), Massachusetts; Dirksen (R), Illinois; and Woodrum (D), Virginia.

A PEBBLE from Callander, Ont., birthplace of the Dionne quintuplets, is the cure for childlessness sought by many couples. "In some cases it seems to work," says Dr. Allan Roy Dafoe, the quints' physician.

Who plans the meals? Who tends the phone?

Who goes to church (and all alone)?

Who worries most? Who wins the strife? None other than the doctor's wife!

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Announcing C-G ALKALIZER

Effervescent

PALATABLE EFFECTIVE ECONOMICAL

In response to a wide need for a palatable effervescent alkalizer at a moderate price, the Emerson Drug Company offers the profession, Emerson's C-G Alkalizer.

Emerson's C-G Alkalizer is an effective agent for supplying alkali in those conditions in which there may be reduced alkali salts in the blood, in addition to supplying calcium where systemic calcium deficiencies exist. Uric alkalinity, running four to six hours, may be induced by one dose, repeated in a half hour. Six teaspoonfuls will furnish as much calcium as the average daily diet. Emerson's C-G Alkalizer does not upset the normal acid of the stomach, is not laxative, but does stimulate gastric function as well as promoting elimination through intestines, kidneys and skin.

Available in four and eight ounce bottles at a maximum prescription price of 75c and \$1.25.

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DRUG COMPANY
BALTIMORE, MARYLAND

EMERSON DRUG COMPANY, Baltimore, Md. Please send me FREE a full-size market package of Emerson's C-G Alkalizer.

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MEDICAL ECONOMICS · MARCH · 101

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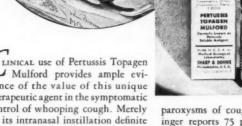
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Control the paroxysmal cough of **PERTUSSIS**

simply, promptly



LINICAL use of Pertussis Topagen dence of the value of this unique therapeutic agent in the symptomatic control of whooping cough. Merely by its intranasal instillation definite cessation or amelioration of the paroxysmal cough soon follows.

The favorable results attending the use of Pertussis Topagen Mulford, as reported by independent investigators, is remarkably parallel. Schooten reports improvement in 90 per cent of cases treated (50 per cent marked improvement and 40 per cent definite improvement). Gold reports that, in 85.7 per cent of cases treated, very satisfactory control of the severe paroxysms of cough resulted. Slesinger reports 75 per cent improvement (45.8 per cent marked and 29.2 per cent moderate improvement).

Pertussis Topagen Mulford is a sterile solution of the soluble antigenic substances derived from recently isolated Phase I cultures of H. pertussis. Each cc. represents the antigenic substances derived from 20,000 million organisms. It is supplied in a 5-cc. vial with a pipettebulb stopper and is available at all distributors of Mulford Biologicals.



"For the Conservation of Life"

MULFORD BIOLOGICAL LABORATORIES

SHARP & DOHME

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Coroner takes a walk

For ten centuries the lay coroner's lunacies have been a blot on the escutcheons of medicine and justice. Now, at last, he appears on his way out to make room for the medical examiner who is a trained physician. Join the audience at this inquest into his passing.

ONE DAY in the tenth century, King Athelstane, a merry Anglo-Saxon chief, tapped St. John of Beverly on the shoulder and presented him with a charter of privileges. The king was a poet in his way and he rhymed it. One line went:

"Nan oyer Coroner have ye might..."

Thus, according to tradition, began the ancient but not always honorable office of coroner. Firmly established in 1194 by the Articles of Eyre, it is still with us in all its medieval trappings.

The modern lay coroner's methods still approximate those of his English ancestor who was called upon one wintry night in 1302 to probe the death of a citizen who had toppled off a bridge into the water.

Dignifying the gawkers at the scene with the title of "jury," he then summoned witnesses. They swore the victim's "foot slipped and falling from the bridge, into the water, was drowned." Whereupon, the jurors concluded that "said Oliver, while crossing the

bridge, met some of his enemies who, laying hold of him, dislocated his neck and threw him into the water."

Today the procedure is still about the same. Only the verdict is usually less specific. Something like:

"Found dead."

A broad statement in the face of our trained police, our scientific crime detection, our ambitious district attorneys, our brilliant medical specialists? Perhaps. But take a look at the records of Cleveland in 1921. Even after a nine-year effort there to reform the coroner's office, reports like the following emanated from it regularly:

"Found dead in shanty."

"Could be suicide or murder."

"Aunt said she complained of pneumonia; looks like narcotism."

"Looks suspicious of strychnine poisoning."

And that's all. The lay coroner, following tradition, failed to investigate.

Now, for the first time in the United States, the situation is being remedied. Medicine is assum-

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NO agranulocytosis

NO undesirable toxic reactions

NO gastric disturbances

NO recorded depressive effects

IN TREATMENT OF UPPER RESPIRATORY AFFECTIONS

Physicians are keenly appreciative of the extra safety in medication afforded by Salipyrin "Riedel" in treatment of upper respiratory affections, Salipyrin is a chemical combination of antipyrin and salicytic acid and, unlike a loose mixture of these drugs, contains no free antipyrin. Gastric irritation, tinnitus or cardiac depression are not provoked by Salipyrin.

Clinical records as well as the individual practice of countless physicians have proved Salipyrin a safe, dependable analgesic, antipyretic and anti-rheumatic. Salipyrin has also proved efficacious in reducing pain and fever in cases of acute rheumatism, neuralgia, myal-gias, neuritis and sciatica of rheumatic origin.

Salipyrin



PHYSICIANS:

Send for free samples of Salipyrin "Riedel" and literature.

RIEDEL & CO., Inc. Berry & So. Fifth Street Brooklyn, N. Y.



ing its proper role in aiding the law.

Laurels go to New York City. This metropolis was the second to replace the coroner with a medical examiner. One of its institutions, New York University, was the first to institute suitable training courses. Its department of forensic medicine is now open to physicians. policemen, lawyers, and laymen. Its instructors are experts like Dr. Thomas A. Gonzales, Chief New York City Medical Examiner; Dr. Harrison S. Martland, Chief Medical Examiner of Essex County. N. J.: and Dr. Alexander O. Gettler, toxicologist. Degrees in forensic medicine are offered to medical students who wish to make a career in this field.

Essex County, N. J. is the only community in the country with a medical examiner system directly paralleling that of New York City. Four other states have justices of the peace who perform the coroner's duties. Three have "investigating officers." And six have medical examiners patterned after those in Massachusetts. The law of Massachusetts decrees that medical examiners shall be "able and discreet men, learned in the science of medicine."

Reform in the foregoing states, it is hoped, marks the beginning of the end for the lay coroner. Yet his day isn't over entirely. He continues to flourish in his ancient image. Thirty-five states still cling to the ten-century-old system.

In ancient times, only knights were eligible to become coroners. Even then, there was so much graft that a knight had to possess a stipulated income before he could be appointed. This, it was fondly

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The Original Alkaline
Preparation for the
Relief of COLDS
and Sore Throats



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KRESS & OWEN COMPANY, 361-363 Pearl St., New York

Please send samples of Glyco-Thymoline without cost,

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MEDICAL ECONOMICS · MARCH · 105

believed, kept him safe from temptation.

Today, coroners must file bonds ranging from \$500 to \$10,000. But only four states require the coroner to be a physician. One of the four—Louisiana—a miably adds that this requirement may be overlooked if no local physician will take the job.

Five states bar the coroner from practicing law while in office. Otherwise, he must simply be a citizen. Thus the job is a popular—and profitable—sideline among undertakers and others. In New York City, before the present rigid requirements, one coroner was a blacksmith; another, a wine-dealer!

But, it may be asserted, the coroner has physicians on his staff. Quite so. But an M.D. is not necessarily a pathologist.

One coroner, sometimes two, function in most counties. Salaries range from \$300 to \$8,000 annually, plus expenses for a staff of "experts." That's the price we're paying for King Athelstane's doggerel.

In different eras different duties have been required of the coroner. It's no longer necessary, for example, that he perform inquests on royal fish, as did the harassed incumbent under Edward I. (His was no child's play, either; for the fish were sturgeon and whale.) However, some states today do expect him to examine persons com-

mitted to insane asylums as well as those seeking auto licenses.

Public apathy results largely from ignorance of the situation. Ask the man on the street what a coroner is and you'll get something like this:

"He holds inquests."

"And what are inquests?"

"Well-, they're what go before a trial."

With that, the citizen is glad to let the matter rest. The coroner rests, too—in a neat political sinecure.

The framers of our state constitutions saw in the coroner a combination of medical and judiciary duties. Consequently, the law calls for investigation whenever sudden death occurs. In a few states this includes all deaths unattended by a physician.

Autopsies are performed, however, only if the coroner thinks they're necessary. And witnesses and jurors are summoned for inquests only if the coroner considers the circumstances suspicious.

Otherwise, he calls upon the coroner's physician. This gentleman, appointed by the coroner, is then authorized by the coroner to issue a death certificate.

It's almost a truism in some American communities that when the coroner enters a case, bungling begins. That's why experienced prosecutors always rush someone to the scene of death with instructions to stop the coroner from

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HELPS PREVENT SERIOUS

COMPLICATIONS

Applied to the chest in such conditions as bronchitis, pleurisy, coughs, colds, whooping cough, the emplastrum Numotizine aids in breaking up congestion, promoting hyperemia, relieving pain and distress and checking those pathological conditions which tend to the development of more serious trouble (pneumonia, etc.).

Numotizine combines the well known anodyne-decongestive action of an emplastrum with the systemic antifebrile effect of slowly absorbed guaiacol and creosote.



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ESIGNED for beauty as well as utility, the Moorhead Pump makes an instant appeal to the physician through his eye. Design and trim are in the popular modern trend. Black glass top—contrasting chromium trim—cabinets finished in White Enamel. (Mahogany, American Walnut, or any desired color finish supplied for \$5.00 extra.)

Features include: portable motor unit, high pressure type rotary compressor, positive and negative pressure control, built in two-way valve in the air, pressure line. Complete accessories accompany apparatus which moves easily on invisible

ball rollers.

Complete as illustrated in White Enamel

\$175.00

Mahogany, American Walnut, or any desired color finish \$5.00 extra.

Buy from your surgical supply dealer.

J. SKLAR MFG. CO. Brooklyn, New York shifting furniture or handling important evidence such as the bullet, knife, poison, or clothing.

The lay coroner is also unskilled at handling witnesses and often fails to identify the body. How careless he is may be shown by the fact that coroners, at trials, habitually testify from memory!

His biggest botch is usually the inquest. The jury is picked off the streets or from the coroner's friends. No wonder the verdict resembles this classic:

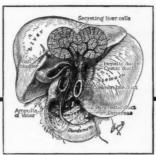
"We believe the death of the deceased was caused by heart trouble, for all we know."

At the inquest, the coroner becomes judge and attorney. He has the power to commit a man to prison. He can fail to call important witnesses. Before the inquest, he can neglect to start a police investigation. Even if he does, he can forget the evidence. He can rush a case through before the district attorney hears of it. He can influence a verdict in favor of insurance companies.

He cracks the whip; the show goes on. The jurors stare at the body. A doctor speaks. Maybe a neighbor contributes a bit of gossip....

The purpose of an inquest is to determine the cause of death. The coroner has done that already, of course. But no matter. He'll hold an inquest anyway. After all, his unemployed friends need jobs. And jobs as jurors pay \$1 a day.

To see what happens at an inquest, we need not go far. The folly of the coroner glares at us from the headlines of two of the most notorious cases in contem-



A NEW ATTACK ON GALL BLADDER DISEASE

Based on the work of Brown and Dolkart*, the new rationale of gall bladder management is being enthusiastically received by clinicians. Reports of clinical results have been most encouraging in an unusually high percentage of cases.

The management departs from the older concepts of treatment by including the use of

- 1. A high fat diet
- 2. Frequent feedings
- 3. Antispasmodic therapy
- 4. Keto-Cholanic acids (Ketochol)

KETOCHOL

Developed in the Searle Research Laboratories — offers a combination of the oxidized, or keto form, of the bile acids (cholic, desoxycholic, chenodesoxycholic and lithocholic) in approximately the same proportions as in normal human bile. Ketochol acts primarily as a choleretic, improving liver function, and causing increased production of hepatic bile.

Used together with a high fat diet and other measures to facilitate gall bladder and bile tract drainage, Ketochol is proving most effective in the treatment of chronic cholecystitis, cholangeitis, hepatic dysfunction, congestion and cirrhosis.

AVERAGE DOSAGE—One Ketochol tablet is prescribed to be taken three times daily, immediately after or with the meal.

HOW SUPPLIED — Bottles of 100 and 500 tablets.

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^{*}J.A.M.A., 108:458 (February 6) 1937.

porary criminal history.

On September 14, 1922, the bodies of the Rev. Edward W. Hall and Mrs. Eleanor Mills were discovered under a crab-apple tree in New Brunswick, N. J. They had been murdered.

Strangely, the scene was not photographed. The vicinity was not combed for clues until most of the tree had been removed by souvenir hunters. Necropsies were not made until public opinion forced exhumation of the bodies. Only then was it learned that the minister had been shot once through the head, that there were three bullets in Mrs. Mills' brain, and that her throat had been slit from ear to ear!

So indefinite were the data that four years later, before the trial, the corpse of Mrs. Mills had to be dug up again. This, to establish for the second time the fact that her throat had been cut!

The Lindbergh-baby case affords another example of how the coroner works. Failure to prove the corpus delicti, even at the trial, was one of its most preposterous aspects.

Less flagrant crimes go entirely undetected. The simple truth is that the lay coroner too often does not know his job. His IQ may be above average but he hasn't the necessary medical experience. Competently to determine the cause of death, physicians agree that he should have: (1) an M.D., (2) experience in pathology, (3) knowledge of bacteriology and toxicology, (4) ability to perform microscopic studies, and (5) knowledge of the refined technique required by immunology.

These are required by only the two communities mentioned before: New York City and Essex County, N. J.

Both are in states where the medical examiner has replaced the coroner.

Even in the trail-blazing days of America, the lay coroner was a target for humorists. He is described as being "equipped with a pair of leathern saddle bags, from one of which is seen protruding a New Code of Mississippi and from the other, the blue neck of a gallon jug of rye."

More often than not, his verdict went like this: "...come to death by some common disease of the country, or whiskey."

And it's not much different to-

Our only salvation appears to



the dependable urinary antiseptic

methenamine in its purest form

Genito-Urinary antisepsis and amelioration of renal and vesical discomforts are accomplished when Cystogen is used in the treatment of urethritis, pyelitis, eyetitis, etc. Cystogen flushes clean the genito-urinary tract from kidney to meatus and prevents intra-vesical decomposition of the urine. No irritating after-effects when Cystogen is administered. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen Aperient. Send for free samples.

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IN RESPIRATORY DISEASES

THE stimulating expectorant effect of creosote on the bronchial tract has long enjoyed authoritative recognition1.2 . . . its effect being "to irritate the mucous membrane in such a way as to stimulate repair"1. To relieve the painful, unproductive cough of grippe, acute or chronic bronchitis, influenza, or pulmonary tuberculosis, you can employ the full therapeutic efficacy of creosote without patient objection, if you prescribe

LIQUID PEPTONOIDS WITH CREOSOTE

Each tablespoon of this preparation affords two minims of Beechwood creosote, reinforced with one minim of guaiacol... in a palatable menstruum of posi-

> tive nutritive value (derived from predigested beef, milk and wheat). Its ready patient

acceptance permits extended use in activating secretion and promoting expectoration. Free from narcotics and perfectly tolerable.

Available in bottles of 12 fl. oz.

Dosaget one or two teaspoonfuls, every two or three hours until relieved.

nal of Pharmaculogy, Philadelphia, Saunders, 1936. H. and Wirth, E. H.: Pharmacognosy, Philadelphia, Lea & Febiger, 1936.

> THE MICAL COMPANY YONKERS, N. Y.





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be the medical examiner system.

One difficulty in making this change is that the position of coroner is constitutional. But several states have sidestepped the law. In Connecticut, Rhode Island, and New Jersey, for example, the coroner officiates only when judicial proceedings are necessary. A medical examiner fulfills all his other functions.

New York amended its constitution in 1894 so that the coronership ceased to be a constitutional office. In 1915, it abolished the post entirely.

New Hampshire has also written the office off its books. It contends that it did not violate its constitution since it merely changed the coroner's name.

New York City's medical examiner system, duplicated by Essex County, N. J., is no doubt the most advanced. It works thus:

Medical examiners are appointed by the mayor from the classified civil service list. Their tenure is indefinite. They may be removed only by the mayor, after a public trial. Their qualifications include the five already mentioned. They have absolute control at the scene of the crime. They are responsible

not only for the body but for all objects near it. They may remove any objects for examination. They are trained to keep accurate records.

Most revolutionary of all, there are no inquests. If the medical examiner discovers a crime, that is a matter for the district attorney. If, after an autopsy, the medical examiner is still in doubt as to whether the death was suicide or an accident, he may subpoena witnesses to a hearing. The purpose of this is not to determine cause of death, which he already knows. It is to clear up the circumstances surrounding the death. Hearings of this kind are seldom necessary.

New York's system works remarkably well. But there still remain several wrinkles to be ironed out. The most difficult is to get doctors, lawyers, and police to cooperate with each other.

Take the policeman on the beat. He hears about a death. It looks natural to him. Maybe, later, he remembers some suspicious point. Four or five hours after death, he gives the medical examiner a ring. The latter finds an obvious murder.

There's the district attorney, too. He has to build a case on what the medical examiner tells him. Yet he doesn't understand a word of it.

The ultimate goal of medical examiner advocates is that already achieved on the Continent. There the institute of legal medicine usually flanks one side of the municipal hospital. On the other is the scientific crime laboratory. The director of the institute is a professor of forensic medicine. He uses its facilities not only as a government agency but as a center for research and training of medi-



Ask your doctor-

MANY doctors have been kind enough to compliment us on Hygeia advertising which tells mothers to consult their doctor regularly about their baby's care. We have a good reason for giving that kind of advice.

Hygeia Bottles and Nipples were invented by a physician who had been in active practice for 20 years. He developed the idea because he saw so many cases where competent medical care was nullified because of dirty bottles, improperly cleaned. In wide-mouthed Hygeia Bottles he built the most sanitary and foolproof equipment possible. He believed that with a good doctor and Hygeia equipment most hazards were removed.

Hygeia has always placed good medical care first—has always said "Ask your doctor." We leave it to you to recommend the equipment which your professional experience indicates is required. Hygeia Nursing Bottle Co., Inc., Buffalo, New York.



MEDICAL ECONOMICS · MARCH · 113

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New York City is rapidly developing a similar method. The police are on the job promptly. They take photographs, record fingerprints, make ballistic examinations. Meanwhile the assistant medical examiner is determining the cause of death and the assistant district attorney is interrogating witnesses.

It is to polish up relations between this triumvirate that New York University established its course of instruction.

The Cornell University College of Medicine, the College of Physicians and Surgeons at Columbia, and Harvard Medical School also offer lectures in legal medicine. However, most first-rank medical schools offer no preparation at all to the doctor who may find himself at the scene of a crime or an accident.

"Which is the reason," Medical Examiner Gonzales told MEDICAL ECONOMICS, "why untrained physicians inadvertently move valuable evidence when called to a death scene."

In time, unquestionably, all states will adopt laws like those of New York and Essex County. The medical examiner will come into his own and the lay coroner will be invited politely to take a walk.

Who will hand him his hat?

H. MORGAN

COLLECTIONS BOOMED BY BONUS

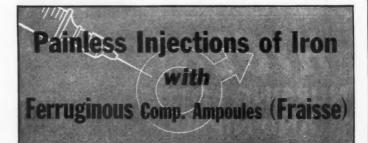
A COLLEAGUE of mine grosses \$1,000 or so a month. Until recently, he collected only about \$800 of it. What to do about the non-paying fifth?

His solution was this:

He offered his secretary a 10% bonus on all monthly collections over \$800. She was given a free rein in handling them.

The effect has been remarkable. The girl is now a model of efficiency. Collections have taken on a new interest for her. She spares no effort to make friends with each patient. She does everything to satisfy them. And she personally goes after most delinquents.

Figures tell the story better than words: Collections have jumped to a monthly average of \$950.—M.D., District of Columbia.



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Truly Hawaiian

Ravorite sport of oldtime, thrill-hunting Hawaiians was grass tobogganing. Breath-taking, indeed, were their swift rides down long, steep slopes on primitive, cordbound wooden sleds.



Let Dole Pineapple Juice from Hawaii bring you thrilling refreshment on swiftly moving days. Natural, pure, this tangy field-fresh juice is packed without one bit of added sugar or other preservatives. This analysis is typical:

| Moisture (by drying) | | | | | | | | | | | | 84.7% |
|------------------------|----|----|-----|----|-----|-----|----|----|-----|--|---|-------|
| Protein (Nx6.25) . | | | | | | | | | | | | 0.4% |
| Fat (ether extract) | | | | | | | | | | | | 0.03% |
| Crude Fiber | | | | | | | | | | | | 0.1% |
| Ash | | | | | | | | | | | | 0.4% |
| Total sugar as invert | | | | | | | | | | | * | 13.1% |
| Acidity as anh. citric | | | | | | ٠ | | | | | | 0.9% |
| Carbohydrates other | th | an | cru | de | fib | er, | Ьу | di | ff. | | | 0.37% |
| Calories/gram | | | | | | | | | | | | 0.57 |
| Calories/ounce | | | | | | | | | | | | 16.0 |
| | | | | | | | | | | | | |

Dull diets brighten with Dole Pineapple Juice. Doctors find that patients drain their glass with pleasure.



Hawaiian Pineapple Co., Ltd., also packers of "Dole Pineapple Gems," Sliced, Crushed, Tidbits, and the new "Royal Spears." Honolulu, Hawaii, U. S. A. Sales Offices: San Francisco, Calif.

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CAMPHO-PHENIQUE is a valuable therapeutic adjunct, strongly indicated in the treatment of Epidermophytosis of the feet, hands, the inguinal and axillary regions.

You can depend on its prompt analgesic, antipruritic and bactericidal action. It tends to decrease the inflammation, heal the fissures, and soften the scaly skin.

In the treatment of Epidermophytosis, Campho-Phenique may be prescribed for local application in one of the three most desirable forms.

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PUBLIC HEALTH SURVEY

It is a typical winter day. Maybe it is snowing. You are in your office. Perhaps not a potential patient is in sight. Yet outside, somewhere in the United States, there are 6,000,000.

So says the U. S. Public Health Service. It ought to know. It has spent \$4,000,000 and two and a

half years to find out.

During 1935-1936, W.P.A. reporters (ex-social workers, nurses, teachers, bookkeepers, and salesmen) invaded 740,000 city and 36,000 country homes. They emerged with facts and figures on some 2,800,000 individuals. Statisticians seized these data and whipped them into five bulletins. Three have recently been released.

Assuming that the rest of our 130,000,000 population are going through exactly what the 2,800,000

did, these are the results:

One person in twenty on any given day is too ill to swing a pickaxe, wash dishes, do homework, or carry on other normal activities.

The average citizen is sick ten days a year. The average child, a week. Result: 1,250,000,000 working days lost annually.

Two million, five hundred thousand Americans have chronic dis-

eases.

A million and a half have acute respiratory disorders.

A half-million are accident vic-

A quarter-million have acute stomach, liver, or appendix troubles.

[Turn the page]



NEURITIS?

... Pain due to NEURITIS,

neuralgia and rheumatism may be quickly relieved by prescribing Anacin. Many patients do not experience a satisfactory result from the use of aspirin or phenacetin alone. Clinical use by physicians in thousands of cases has established the value and dependability of the Anacin formula. Samples on request.

THE ANACIN COMPANY, JERSEY CITY, N. J.

You can depend on



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ANTISPASMODIC ACTION of TRASENTIN "Ciba"

TRASENTIN, "Ciba" arms the physician with an antispasmodic of unusual value. It acts quickly to check all types of spasms of the hollow viscera. Exerting atropine-like relief in nerve fibre contractions, Trasentin is decidedly less toxic to the heart and pupil; it does not interfere with salivary flow. Controlling smooth muscle spasms like papavarine, Trasentin does not cause permanent suppression of contractions.

Trasentin is truly worthy of trial. You will appreciate its prompt efficiency, high tolerance and relative safety in—gastro-intestinal spasms (uleer or sub-acute gastritis, cardiospasm, pylorospasm, spastic obstipation), biliary tract spasms (as in gall-stone colic), spasms of the urinary tract (incident to inflammation of calculi, tenesmus of the bladder), spastic dysmenorrhea.

Trasentin (hydrochloride of diphenylacetyldiethylaminoethanol) is available in Tablets and Ampules.

SAMPLE AND LITERATURE UPON REQUEST

Another quarter-million, mainly children, have acute infections,

One out of every five has an orthopedic condition. More than 7% have lost members. Another 12% have impaired members.

Nearly one in a hundred are blind. Some 3.4% see out of only one eye. Two per cent are partially blind.

Five in every thousand are totally deaf. Almost 12% are partially so. Six out of every thousand are mutes as well.

Has economics anything to do with this? Here are the survey's answers:

The poor get sick most often. The well-to-do, least often. The medical middle class is also the economic middle class.

These, say the surveyors, are the facts of illness. The following tables show how medicine is meeting them:

" \$2,000 to \$3,000 ... 80%
" \$1,000 to \$2,000 ... 76%
" under \$1,000 72%
On relief 70%

PHYSICIANS' CALLS PER CASE OF DISABLING ILLNESS

Income over \$3,0005.7 visits

" \$2,000 to \$3,000.5.1 "

" \$1,000 to \$2,000.4.6 "

" under \$1,0004.6 On relief3.9

HOSPITAL CASES PER THOUSAND POPULATION

Income over \$3,00045.4
" \$2,000 to \$3,00043.6
" \$1,000 to \$2,00043.3

" under \$1,00041.5 On relief62.8

[Turn the page]

Fulfills the Objective of Therapeusis in

Spastic Colitis

The inconsistent results from the usual symptomatic therapy in this condition have long "plagued" the clinician. This is due to the difficulty of correlating therapy with the alternating symptoms of constipation and diarrhea.

The object of treatment is to prevent segmented fragmentation of stools during the diarrheal stage and avoid hard, dehydrated fecal masses during the period of constipation.

These much desired objectives can be accomplished effectively by the use of

MUCILOSE GRANULES or MUCILOSE FLAKES

Mucilose offers a hemicellulose (vegetable gum) prepared by a special process from the Plantago loeflingii. It helps correct some of the harmful factors in colitis and constipation by holding water in the feces, maintaining the normal fecal colloid, increasing responsiveness to peristalsis and acting naturally to secure normal bowel rhythm.



FREDERICK STEARNS & COMPANY

Detroit New York Kansas City San Francisco Windsor, Canada Sydney, Australia

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What are the aims of the National Health Survey?

To disseminate facts relating to (1) disabling illnesses, (2) medical care received, (3) serious accidents, (4) chronic conditions, (5) sickness on day of visit, (6) utilization of public health facilities, (7) relation between disease and economics, (8) relation between mortality and economics.

What need prompted the survey? "Epidemiologists" demanded it, says the Public Health Service. It declares, in this connection, that "data for comprehensive analysis of national health problems are not available from regularly compiled records . . . records of doctors, hospitals, and health agencies lack uniformity . . . the true picture can be obtained only through family reporting."

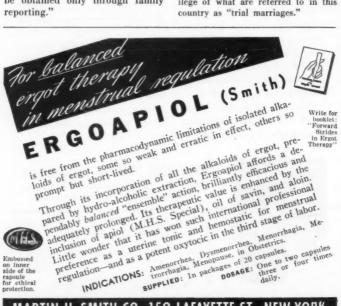
Who directed the survey?

Dr. L. R. Thompson, director of the National Institute of Health. The tabulating was done in Detroit, Mich.

The authors maintain that the survey will help:

- 1. Welfare agencies. By providing a basis for estimating medical requirements.
- 2. Doctors. By demonstrating the relative medical needs of low-income groups.
- 3. Safety organizations. By helping with plans for safety programs.
- 4. Employers. By illustrating the relation between illness, occupation, and time lost.

JAPANESE M.D.'s are allowed the privilege of what are referred to in this country as "trial marriages."



CO., 150 LAFAYETTE ST., NEW YORK

120 · MEDICAL ECONOMICS · MARCH



For every type of chronic constipation there is a pleasant, smoothly acting type of Kondremul (Chondrus Emulsion).

The selection of Irish Moss (Chondrus Crispus) as the emulsifying agent in Kondremul assures a tough film around each microscopic globule. No breakdown occurs in the alimentary canal and the emulsified particles mix intimately with the fecal mass, thereby avoiding leakage.

KONDREMUL with Cascara—adds the tonic laxative effect of non-bitter cascara to Kondremul.

KONDREMUL with Phenolphthalein—combined laxative and regulator.

KONDREMUL Plain—a corrective for deficient bowel action.

THE E. L. PATCH CO. Boston, Mass.

| 1 | THE E. L. PATCH COMPANY Stoneham P. O., Boston, Mass. | Dept. M.E. 3 |
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| 1 | Gentlemen: Please send me clinical trial bo | ttle of |
| | KONDREMUL (Plain) | ☐ KONDREMUL (with Cascara) (Mark preference) |
| | | (Mark preference) |
| | Dr. | (Mara preference) |
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| | Dr. | State State Frost & Co. Box 808. |

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Baby's Fourth Clinic Visit . . . and HE'S DOING FINE!



NO SOAP RASHES OR IRRITATIONS!... SAFEGUARDED FROM BIRTH BY DOCTOR'S ORDERS TO USE ONLY PURE IVORY SOAP FOR HIS BATH

IS THERE A SOAP that is finer or gentler than pure Ivory for the sensitive skin of infants?

many castiles cannot compare with Ivory's uniform purity. Tests made on 15 different brands of castiles showed only 2 were made from straight olive oil. 9 contained no olive oil whatever. In addition, the tests showed a wide variation in appearance and odor, proving that in many cases methods of manufacture were not up to standards of well-made soaps.

HOW MUCH SAFER TO ADVISE IVORY as a precaution against dermatitic disorders in infants. Ivory meets your requirements for a baby soap. It is mild, white, unperfumed—non-alkaline—contains no excess free fatty acids. As pure a soap as can be made.

MOTHERS LIKE IVORY'S LOWER PRICE! Ivory is sold in every grocery, drug and department store at a price so low that the poorest mother can afford its purity for her baby. Advise Ivory as the safe baby soap.

IVORY SOAP

TRADEMARK REG. U. S. PAT. OFF.

 $99\frac{44}{100}\%$ PURE • IT FLOATS

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☆ THE NEWSVANE ☆

U. S. HEALTH AT PEAK

The year 1937 set an all-time health record for the United States, according to the Metropolitan Life Insurance Company's experience with nearly 18,000,000 policyholders. In this group the all-cause mortality rate was 8.221 per 1,000, or 2.1% under the 1936 rate. Also, a new maximum life expectancy of 60.7 years was established.

The bulk of the Metropolitan's policyholders are in the low-income class which, socialist groups say, receive inadequate medical care.

FACTS ON RADIUM

Less than 100 of 213 hospitals surveyed recently in the East and Middle West own radium. Those that do, control about 82 grams (market value, over \$2,000,000).

Bellevue Hospital, in New York City, owns more radium than any other hospital—nine and a half grams.

According to the survey, several large population centers have either no radium or a very limited amount. Among these are Des Moines, Iowa; Syracuse, N. Y.; Kansas City, Mo.; Milwaukee, Wisc.; and New Haven, Conn.

The current price of radium is \$25,000 a gram. Seven years ago it was \$70,000. This price deflation is attributed to the discovery in

1931 of the rich Eldorado mine on Great Bear Lake in the Canadian sub-Arctic.

CRUISING CONVENTION

"The practice of medicine should have no national boundaries, racial or religious barriers. It is the purpose of the Congress to blend the best practical medical thought with the cultural influences of international contacts, and, at the same time, to provide a truly worthwhile travel experience."

So reads the credo of the Pan American Medical Association.

Almost two hundred doctors who disembarked from the Queen of Bermuda on January 31 in New York knew that that credo had again been upheld successfully. For fifteen days they had combined work and pleasure while taking part in the association's seventh cruise-congress.

Over two hundred scientific papers were given during the course of the trip—most of them in Havana where the ship laid over for five days. The remainder were read on shipboard and at the other ports of call—Port-au-Prince, Haiti; Trujillo City, Santo Domingo; and San Juan, Puerto Rico. At Havana the congress was augmented by many Cuban physicians who attended sessions at the National Hotel and

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INTIMATE TALKS TO PHYSICIANS ABOUT

TAMPAX

Every physician has frequent occasion to use vaginal tampons in the therapy of cervix or vagina. He knows that this method safely, comfortably and effectively carries medication to the

site and absorbs discharges for removal. It was this knowledge which originally prompted a physician to design Tampax and continual striving for the ideal in this direction has prompted

the constant improvements which have gone into making Tampax what they are today.

The normal vaginal tract is more than nine centimeters in depth and two centimeters in diameter while in the flaccid state. Tampax at the time of insertion are approximately four centimeters in length and one in diameter. As the tampon absorbs fluids it gradually adapts itself comfortably to the size and form

of the relaxed vaginal walls, opening gently to an infinitely soft mass never more than 9 centimeters in length. This makes Tampax thoroughly comfortable and non-irritating for an anatomically and

physiologically normal woman.

Physicians may recommend the use of Tampax to the vast majority of their women patients, secure in the knowledge that they are conferring comfort, protection and peace of mind without danger of irritation.



TAMPAX Incorporated

Dept. E 38

NEW BRUNSWICK NEW JERSEY

Accepted for Advertising by the Journal of the American Medical Association

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at various local hospitals and medi-

A round of entertainment was planned for the congress, both ashore and aboard. At Port-au-Prince the Haitian Medical Society and the Haitian Government joined in giving a reception for the members. General Blanton Winship, governor of Santo Domingo, held a garden party in their honor at his San Juan mansion. The five-day stay in Havana was rounded out with visits to jai alai games, horse races, local beaches, and the palatial National Casino.

Aboard ship, free time was divided largely between deck sports and scientific sessions. The many evening entertainments included a "voodoo dance" (see cut), a costume party, and an "amateur night," in all of which the cruising physicians participated freely.

Dr. Jose Arce, of Buenos Aires,

succeeded Dr. Alberto Inclan, of Havana, as president of the association. Dr. Joseph J. Eller and Dr. Lee M. Hurd, of New York City, were reelected director-general and treasurer, respectively.

The next P.A.M.A. cruise will be to Buenos Aires.

RAIN OF M.D.'s

In Russia thirty women have passed both parachute and medical examinations. Now they are called to drop in on sick or injured comrades in remote places unfit for airplane landings.

MORE MEDICAL SOLDIERS

The Army needs more doctors. President Roosevelt is trying to get them. Recently, he signed a bill authorizing 100 additional medical officers and 50 more dental officers. This will bring the number of



"Voodoo" Doctors

Between scientific sessions, these members of the Pan American Medical Association entertained with a sacrificial "voodoo dance." The group in the front row includes Drs. Hugh H. Young, Foster Kennedy, M. W. Mettenleiter, and Oswald Lowsley.

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Army doctors up to almost 1,200.

Also authorized in the bill are two brigadier generals who will work with the two already functioning as assistants of the Army's surgeon general.

WISCONSIN STRICT

Only physicians registered to practice medicine in Wisconsin may issue pre-marital health certificates to Wisconsin couples, the state's attorney general has ruled. This is in keeping with Wisconsin's strict, non-reciprocal policy which goes so far as to prohibit even diplomates of the National Board of Medical Examiners from practicing in that state without first passing the state medical examinations.

TROUBLE WITH NURSING

R.N.s in New York State look forward to the passage of a bill requiring licensure of all nurses in the state according to their qualifications. The bill is sponsored by the state nurses association. Its purpose is to bring into line some 42,000 self-styled nurses in New York who do everything from practical nursing to posing as diplomaholders.

As part of a campaign to get the proposed legislation through, "horrible examples" of what a "bootleg nurse" may do are being publicized. Especially featured are a woman who administered three one-quarter grain morphine tablets because a one-twelfth grain dose had been prescribed; another who urged a highly febrile child (104.5° temperature) to dine on a chop and two vegetables with pie for dessert; another who bathed a man with a fractured skull, putting him through gymnastics reminiscent of vigorous osteopathic treatment.

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FETUS' STATUS

"During the gestation period, the child is part of his mother's bowels," and can not be injured as an individual. That ruling, handed down in 1884 by the late U. S. Supreme Court Justice Oliver Wendell Holmes, came up last month to plague Judge Harry M. Fisher. of Chicago. A case had been tried in his court in which the decision had to rest upon whether or not an unborn child exists as a person. A Mrs. Smith sought \$100,000 in damages from Drs. Albert E. Luckhardt and Isador Simon Trostler for having allegedly damaged her unborn baby's head with x-rays (see February issue, page 136).

Judge Fisher, although forced to bow to the Holmes precedent, sympathized with Mrs. Smith. To her. he confided: "I think, personally, that Justice Holmes was wrong... Law elsewhere recognizes an unborn child as an individual. A



Pulvis Benzo-Zine 5 viii

Use BENZO-ZINC for DIAGNOSIS

and treatment of Nasal Conditions

Use: Benzo-Zinc (in solution) for diagnosis; the presence of pus in nose and the removal of same hemo-Zinc solution of rectively contrast the nucous membrane of the nose, promoting aeration and ventilation of sinuses. Used with a suction nasal douche, it is very useful in determining the amount of pus present. Free trial sample on request.

THE DELECTION COMPANY, Capitol Station, Albany, N. Y.

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BANDAGE

If you could write a prescription for gauze bandage, it would read like this:



THE BAY DIVISION PARKE, DAVIS & CO.

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r, 7, woman who causes an abortion upon herself, or a doctor who performs such an operation, can be charged with manslaughter—the unlawful killing of a human being."

FOR THE AVERAGE M.D.

The 79th annual convention of the Kansas Medical Society (May 9-12) will be especially suited to physicians from smaller communities. Since the meeting is to be held in Wichita, members of the local society were appointed to committees on convention arrangements. They lost little time in inviting representatives of all nearby county societies to come to Wichita and make suggestions for the program. A number of those offered were accepted. The result of one is that general sessions will be the rule: special sessions, limited.

MEDICAL "MIKE" CLICKS

A simple, inexpensive publicity scheme is given credit for much of the success of the Fulton County (Ga.) Medical Society's broadcasts. Last year to its members the society distributed 25,000 small slips announcing the hour and day of medical broadcasts over various

stations. These notices were mailed out by the members together with their monthly statements.

One station has reported that it gets a coverage of approximately 60% of radio listeners on the society's eight-to-nine program Tuesday evenings. Two other local stations say that the number of letters and telephone calls received about the society's program indicate comparable coverage.

DRUNKS PAY DOCTORS

Eighty-nine members of the Monroe County (N. Y.) Medical Society have been impanelled to examine persons accused of drunkenness while driving. They are paid \$10 for examinations made during the day, \$15 for those made at night. The fees are paid through the local district attorney's office. It, in turn, collects from convicted drivers.

District Attorney Daniel J. O'-Mara has commented on the plan as follows:

"With physicians' testimony backing that of arresting officers, I fully expect to obtain guilty pleas or convictions of practically all persons arrested for driving while intoxicated.

"If the judge desires to suspend



The day's fun for her...

Prescribe HVC (Hayden's Fiburaum Compound), a safe and long tested antispasmodic and sedative which contains no narcotics or hypnotics. HVC is indicated not only in general medicine but also in Obstetrical and Gynecological practice.

Trial Sample with Literature to Physicians

NEW YORK PHARMACEUTICAL CO. BEDFORD SPRINGS BEDFORD, MASS.

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HEMATINIC PLASTULES

Recovery from hypochromic anemia, in cases treated with Hematinic Plastules, is usually rapid and unrestrained as evidenced by the early increase in the hemoglobin of the red blood cells. The suggested daily dose of only three Hematinic Plastules Plain replaces massive iron feedings and diminishes the likelihood of gastric disturbances, constipation and diarrhea... Hematinic Plastules provide ferrous iron and vitamins B and G in soluble gelatin capsules, available in two types, Plain and with Liver Extract. Inquiries from physicians are given prompt attention.



THE BOVININE COMPANY . CHICAGO, ILLINOIS

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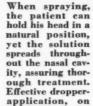
PRESCRIBE THE EASY, EFFECTIVE METHOD •





DROPPER

Whether for sinus ventilation and drainage or for bactericidal action, medication applied to the nose by atomizer achieves the best possible results.



ATOMIZER

These illustrations based on X-ray research

the other hand, requires a complicated posture technique which patients are apt to neglect in home treatment.

Spraying also eliminates the danger of the solution flowing into the ears or lungs, carrying infection from the nose with it.

DEVILBISS

The DeVilbiss Company, Toledo, Ohio, headquarters for atomizers and vaporizers for professional and home use

Accepted by the Council on Physical Therapy of the American Medical Association sentence, a condition of the suspension will be that the driver pay the cost of being examined for drunkenness. Also, if the judge feels that a prisoner should pay a fine, he will impose it along with a jail sentence of ten or fifteen days. The sentence will be suspended providing the prisoner pays the examination fee."

The 89 physicians on the examiner panel were selected from a long list of volunteers. The basis of their selection was representation in each precinct of Rochester and in each town in Monroe County.

This plan to curb drunken driving was worked up by the district attorney with the cooperation of the local medical society.

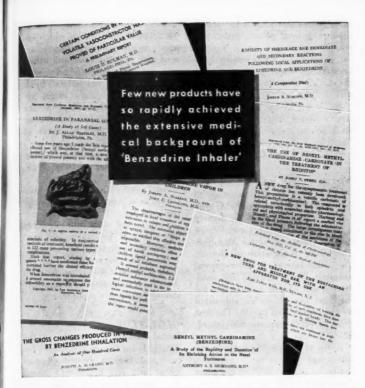
SYPHILIS BOOK CHEAPER

As an aid in spreading knowledge of syphilis, a low-priced edition of Surgeon General Parran's Shadow on the Land is being offered at \$1 per copy. Distribution of this edition is confined to the American Social Hygiene Association, 50 West 50th St., New York City. The association offers discounts on orders of a dozen or more copies, special discounts on orders for 100, 500, and 1,000 or more. A copy of the regular edition costs \$2.50.

COMPETITION FROM C.C.C.

The Kern County (California) Medical Society believes there is something rotten in the state of medical practice at C.C.C. camps in its territory. It went on record recently with the following resolution:

1. Doctors attached to the camps



BENZEDRINE INHALER

A VOLATILE VASOCONSTRICTOR





INDICATED IN HEAD COLDS, SINUSITIS, HAY FEVER AND ASTHMA

Each tube is packed with benzyl methyl carbin-amine, S. K. F., 0.325 gm.; oil of lavender, 0.097 gm.; and menthol, 0.032 gm. Benzedrine' is the registered trade mark for S. K. F.'s nosal inholer and for their brand of the substance whose descriptive name is benzyl methyl carbinamine.

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

EST. \$ 1841



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e í r practice medicine freely in competition with local private practitioners.

Physicians in the county have been called upon to do work for the C.C.C. without being able to collect a fee.

3. Therefore, let C.C.C. authorities (a) keep their medical officers on their own camping grounds, and (b) pay private doctors for services rendered to C.C.C. workers.

PRIZES FOR INTERNS

Praised as a "major addition to medical education" by the Wayne County (Mich.) Medical Society is the First Annual Case Report Contest sponsored by the East Side Physicians' Association of Detroit. To junior interns in all approved hospitals in its district, the association has offered cash prizes for the best case histories submitted by the first of this month. The first prize is \$100; second, \$50; third, \$25.

Rules of the contest include the following:

Entries shall consist of not more than 1,000 words on a case under the contestant's care during his internship.

Staff members at the contesting

interns' hospitals must certify that the original histories on which entries are based were written in accord with hospital rules and within 48 hours of the subjects' admission.

Entries shall be judged by a committee of at least three, appointed by the president of the East Side Physicians' Association, None shall be staff members of eligible hospitals.

Prize winners will read their reports at a regular meeting of the society.

Any worthy entry may be published in a journal of the association's choice.

The quality of an intern's other histories will be taken into consideration in deciding the awards.

Dr. Dave Sugar, editor of the Detroit Medical News, has declared that "every medical organization" should follow this precedent.

DIME-TIME

Postal history was made at the White House last month. Never before had such a deluge of mail swept into the President's home. The flood was released by the much-publicized "March of Dimes" drive to swell the infantile paralysis fund. In the space of a few days



COLLECT ACCOUNTS At No Expense!

The Physicians' Collection System is sent FREE. Hundreds of physicians, hospitals, clinics use this simple plan to collect past-due accounts. Response is immediate, cordial relationship is maintained—and THE MONEY COMES DIRECT TO YOU, unshared. Send coupon for your Free System today.

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case pictured resisted treatment for 2½ years



frequently baffle even the life long experience of the specialist with his microscope, culture media and other laboratory aids to diagnosis.

The busy practitioner, debarred from leisurely diagnosis, is driven by necessity to act quickly and prescribe treatment.

Obviously a polyvalent ointment must be of untold value in these circumstances.

was designed to fulfill this function. It has the widest sphere of application in the treatment of skin diseases and is free from undesirable side action.

INDICATIONS

ECZEMA PSORIASIS ALOPECIA RING WORM DANDRUFF ATHLETIC FOOT AND OTHER SKIN DISORDERS



Complete elimination of Psoriasia shown above after 2 months treatment.

NO RECURRENCE-5 YEARS.

A distinct departure from other local treatments.

- . READILY ABSORBED
- NON-STAINING
- . NON-GREASY

- ANTI-PRURITIC
- · ANTI-PARASITIC
- . NO BANDAGING IS REQUIRED

Samples and literature on request

BELMONT LABORATORIES, Inc.

4430 Chestnut Street

Philadelphia, Pa.

MEDICAL ECONOMICS · MARCH · 133

which require treatment with iodine over an extended period, it is desirable to use a form of iodine that may be administered, for months at a time if necessary, without toxic effect.

RIODINE (ASTIER)

With Riodine, an iodine addition product of castor oil having an icedine content of 17% of its total weight, effective iodine medication may be administered over long periods with little fear of gastro-intestinal or other iodine disturbances.

Write for Information and Sample

ME-R

GALLIA LABORATORIES, Inc. 254-256 W. 31st Street New York



NEW \$1750 the small Sterilizer you've always wanted

Cast bronze boiler $8\frac{1}{4}$ " x $3\frac{1}{4}$ " x $2\frac{5}{8}$ "; 3 speed boiling; Westinghouse Cutoff; removable tray, always-cool handles; new type enclosed heater. Ask your dealer or write for details.

THE PELTON & CRANE CO. DETROIT MICHIGAN

over 280,000 letters enclosing dimes were delivered to the White House executive offices—enough to inundate totally the regular mail-room staff.

TO CONTROL SPECIALISM An end to "mushroom" specialists within the next two years was forecast recently by leading authorities on specialization—notably, Drs. Willard C. Rappleye, president of the Advisory Board of Medical Specialties; Walter T. Dannreuther, president of the American Board of Obstetrics and Gynecology; and George Miller MacKee, of the American Board of Dermatology and Syphilology.

These men, speaking at the 56th annual dinner of the Faculty Association of the New York Postgraduate Medical School and Hospital, outlined plans under which, by 1940, no physician would be permitted to call himself a specialist unless certified by one of the twelve national boards. The plans include directories to satisfy an inquiring public as to the qualifications of doctors in special fields. Also, efforts will be made to increase the number of medical institutions refusing to recognize nondiplomates of the national boards. And, when the profession generally is more fully cognizant of the boards' importance, it is expected that general practitioners will cease making referrals to uncertified specialists.

Calling the Advisory Board of Medical Specialties the "most representative body in the field of medical education," Dr. Rappleye declared:

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Featuring "C.F." (Correction Factor) re-tested BARD-PARKER PIPETTES

To each 8-P Pipette, registered by number, is attached a re-test certificate giving the "Correction Factor," invaluable in obtaining greater interpretive accuracy.

Price of Complete Case \$7.50 A compact and convenient equipment for obtaining blood for red, white and differential blood count at the bedside, and safely conveying the diluted blood, microscope slides or cover glass to the office or laboratory, Designed by Dr. J. Alfred Wilson, Meriden, Conn.

The BARD-PARKER

This ideal pocket size Case is equipped with: Case of durable molded material in ivory color; LANCET, stainless steel, triangular pointed, kept constantly sterile as it is made integral with cap of B-P Germicide vial: PIPETTES, one red and one white blood cell diluting pipette; MOUTHPIECE and TUBE; 3 SOLUTION VIALS for Germicide and red and white cell diluents: 2 standard Broop SLIDES: 4 COVER GLASS with PATIENT IDENTIFI-CATION ENVELOPES; COTTON.

B-P Pipettes are securely mounted between rubber faced spring compression plungers and set facings. Thus pipettes are sealed against leakage.

PARKER, WHITE & HEYL, Inc. Connecticut Danbury

BARD-PARKER PRODUCT

"The greatest need of American medicine is for better rather than for more physicians. The public and the profession are confused by the large number of physicians who claim to be specialists. But, in reality, there is a shortage of fullytrained experts."

Dr. Dannreuther explained that the rapid growth of "self-annointed specialists" is fertilized by public tendency to ask who rather than

what is a specialist.

"The public has a right," he went on, "to expect the profession to safeguard it from 'mushroom' specialists."

The fact that many states contemplate specialists' licenses was cited by Dr. MacKee. This is potentially dangerous, he explained. Unless states accept certificates issued by the specialty boards instead of holding their own examinations, "political influence" might defeat the purpose of specialist licensing.

NEW DOOM FOR BACTERIA The U. S. Public Health Service has announced the development of

three sulfones which, in tests on mice, it says, have proven five to thirty times as effective as sulfanilamide. One of these compounds. a formaldehyde sulfoxylate derivative of di-amino diphenyl-sulfone is described as the first water-soluble preparation with high therapeutic activity ever obtained.

The report cautions that much more research on animals must be made before the new drugs can be

applied to human beings.

MAYOS' MILLIONTH

Whatever satisfaction is attached to being an arresting statistic belongs to Mrs. Maude N. Lumsden. of Salmo, B. C. A few weeks ago she entered the Mayo Clinic with vague internal symptoms. She came out with the knowledge that she was the clinic's 1,000,000th patient since the Mayo brothers began to take a count thirty years ago. There's no record of how many sought help at the Rochester, Minn. institution between 1889 (founding year) and 1908.

The Mayo's have just passed another milestone-publication of Physicians of the Mayo Clinic, Volume IV (others were published in 1923, 1927, and 1931). It contains pictures and thumb-nail biographies of the 1,408 persons con-

ACCENT ON RELIEF In Leukorrheal Discharge MICAJAH'S MEDICATED WAFERS give quick, double relief in leukorrheal discharge. 1, they check the discharge effectively, because of their astringent, styptic action, 2 they shrink congested tissues and soothe the inflamed membranes. One Wafer should be inserted high in the vagina after cleansing douche. 271 Conewange Avenue, cleansing douche. MICAJAH'S Wafers have stood the Dr. time. A strictly ethical product advertised to the medical profession exclusively. Samples will be sent to physicians on request.

Address



For The Better Control of Arthritis SALICI-VESS

(Salicylate-Iodide)

(Alkali-Effervescence)

Two established, safe, anti-arthritic, anti-rheumatic agents have been combined to give an improved synergistic effect—securing quick relief from pain and muscle spasm, rapid reduction of swelling and added comfort for the arthritic sufferer.

The presence of alkali-buffers is a further encouragement to successful therapy because it helps to protect against gastric upset and combat the mild acidotic condition so frequently associated with rheumatic affections.

Finally Effervescence helps pre-

vent stomach irritation, encourages rapid assimilation, insures greater ease of administration.

Salici-Vess is easy to take and as stated is unusually well tolerated.

The average dose is one to two tablets taken three times a day between meals, increased or diminished according to indications.

Supplied in convenient effervescent tablets—tubes of 30.

Investigate this new anti-arthritic by writing for clinical sample and descriptive literature.

EFFERVESCENT PRODUCTS, Inc.

ELKHART, INDIANA

MEDICAL ECONOMICS · MARCH · 137

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nected with the clinic for one year or more up to January, 1936.

The index in the 1600-page tome reveals that

-Mayo-trained men are in every state but Nevada and Vermont.

—Canada has 56; England, five; Japan, four; China, three; Germany, three; Spain, two; Italy, one. (Even Siam and Uruguay have Mayo "alumni.")

-More of the clinic's staff come from the University of Minnesota than from any other school.

—More than 147 universities and colleges have been represented on the staff.

QUICK RESULTS

On page one of a recent issue of a Louisville, Ky. newspaper appeared a certain man's obituary. On an inside page appeared his picture. Under it he stoutly maintained that after taking three bottles of an advertised nostrum he felt "like a new man."

"WOMEN IN MEDICINE"

A gap in medical literature has just been filled by Kate Campbell Hurd-Mead, M.D. Before the turn of the century Dr. Mead was seized with an interest that has borne fruit in the form of her 600-page, History of Women in Medicine.*

Behind this volume are years of research in European libraries, friendship and correspondence with hundreds of women physicians, and encouragement from such men as Osler, Welch, and Kelly.

Dr. Mead presents much that until now has been cachéd in obscure

*The Haddam Press, \$6.

DR. X AND DR. Z DISCUSS

X-ray Intensifying Screens

DOCTOR X—"I agree with you doctor, speed in radiography is essential."

DOCTOR Z—"Yes, I believe that the combination of speed and contrast made possible by the use of X-ray Intensifying Screens is their outstanding advantage."

DOCTOR X—"Certainly nobody can quarrel with that statement. But, personally, I feel that there are other important advantages to the use of intensifying screens."



DOCTOR Z—"There's no doubt about that. I think that the Patterson Screen people hit the nail on the head when they said that 'Intensifying Screens assure BALANCED RAD!OGRAPHY'."

X-RAY INTENSIFYING SCREENS ASSURE BALANCED RADIOGRAPHY

Patterson

Screens Fluoroscopi

- They greatly reduce exposure time.
 Greatly reduce danger of movement.
- 3. Minimize over-exposure danger to patients.
- 4. Permit larger number of repeat exposures.
- 5. Assure high degree of detail and maximum contrast.
- 6. Greatly reduce wear on tubes and equipment.

THE PATTERSON SCREEN COMPANY, TOWANDA, PENNSYLVANIA

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IN DIABETES MELLITUS

Why you should test Physicians have been using UVURSIN and sending us favorable reports on its efficacy in Diabetes Mellitus for more than a decade.

UVURSIN



Is not that reason enough for you to give it a thorough clinical test in one of your cases?

These reports show the normal period of symptomatic improvement as being 10 to 14 days from time treatment is started, and clinical improvement as disclosed by reduced urinary sugar, from 14 to 21 days.

We will send you a 27-day supply of UVURSIN (capsules) without cost if you wish to observe results for your own information.

ORAL • INNOCUOUS EFFICACIOUS

Prepared for prescription purposes only.

| JOHN J. FULTON COMPANY, 88 First Street, San Francisco, Calif. Please send me 27-day supply of UVURSIN without cost or obligation. |
|--|
| Dr. |
| Street |
| City |

manuscripts. She traces the female physician's career from ancient Egypt and Assyria, through the empire days of Greece and Rome, through the medieval European era, and up to beginning of the 19th century.

TRAMPING TUBERCULOUS

Lured by the prospect of a climatic cure, thousands of the indigent tuberculous make a woeful hegira to the Southwest, according to the National Tuberculosis Association. This melancholy army straggles (afoot or in boxcars or in rag-tag flivvers) toward the salubrious air of New Mexico, Southern California, Colorado, Arizona, and Texas. Often a half-starved family trails along with a poverty- and disease-stricken father.

Health authorities in the states affected, unable to cope with this threat to their residents, are now seeking federal aid.

MURDER

Physicians on the way home from a recent smoker of the Medical Society of the State of Pennsylvania wondered whether they'd get there intact. Facts just presented to them by Judge Harry S. McDevitt, of the Philadelphia Common Pleas Court, had been far from reassuring:

Eleven persons out of every 100,-000 are murdered. More than 60,000 murders disgraced the United States during the five-year period which ended in 1937.

Of all the murderers condemned during that five-year stretch, but 672 have been put to death.

Each year Philadelphia alone has as many murders as the United States has executions.

An average of 35 people are murdered in the U. S. every day; and every 22 seconds some crime of violence is committed.

About \$15,000,000,000 a year is the estimated cost of crime in this country—\$28,500 a minute; \$41,000,000 from dawn to dawn. (This, as opposed to a mere \$2,500,000,000 spent yearly on education.)

Crime's annual levy on the individual is about \$118.

INDIGENT ECONOMICS

The economy of central registration bureaus continues to get authoritative emphasis. This, for example, by Dr. Clarence G. Bandler in his recent inaugural address before the Medical Society of the County of New York:

"The establishment of a central registration bureau in each county for all patients seeking free dispensary service is imperative. The economic waste caused by duplication of physical examination and laboratory investigation is enormous. Patients, naturally or by design, drift from clinic to clinic



EDUCE BLOOD-PRESSURE the reading stays down ELIEVE THE SYMPTOMS headaches and dizziness go

HEPVISC

ANGLO-FRENCH DRUG CO. (U.S.A.) Inc., 1270 Broadway, New Y



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POINTS

IN HEMORRHOIDAL THERAPY

Therapeutic effectiveness, safety, absence of accessory or systemic effect, convenience—these are the four points that distinguish ANUSOL SUPPOSITORIES.

Relief of pain and discomfort is attained by decongestion, not by narcotic, analgesic or anesthetic drugs. Anusol Suppositories are protective and soothing, because the ingredients are incorporated in an emollient base. No belladonna, no epinephrin, no ephedrin—nothing that may cause systemic reaction, is contained in Anusol Suppositories. And they are so shaped that introduction could not possibly cause trauma. Every consideration, indeed, suggests the use of Anusol Suppositories for the medical treatment of hemorrhoids. It is therapy that has conclusively proved its value.

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*Anusol Suppositories are supplied in boxes of 6 and 12. A trial supply gladly sent on request. Please write on your letterhead.



Farewell to

Anemia now successfully treated without irritating, astringent effects bitherto associated with iron preparations, researchers report after use of Heptogene*

FORMULA—HEPTO GENE is a precisely balanced compound of iron and copper in their most constructive physiological form in combination with calcium gluconate and liver extract of uniform 1 to 20 anti-anemic potency.

DOSAGE—The recommended daily assage contemplates only 23 milligrams of bivalent iron daily. This low iron intake is especially desirable in cases susceptible to iron-induced gastritis, i. e., chronic anemia, pregnancy anemia, and anemia concomitant with stomach and duodenal ulcers.

EFFICACY—Three years of clinical testing have demonstrated that Heptogene effects an average increase of 500,000 erythrocytes and an average hemoglobin

increase of 15 points (Tallquist) in two weeks.

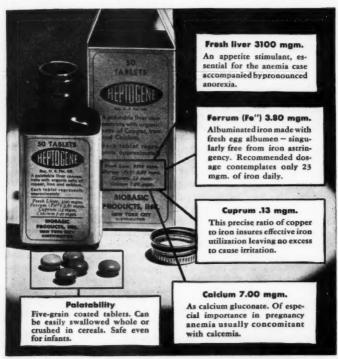
HUNGER-FREE IRON—It is especially noteworthy that not a single instance of constipation or gastric upset has been reported by prescribing physicians.

GAINS MADE WITH HEPTOGENE ARE MAINTAINED

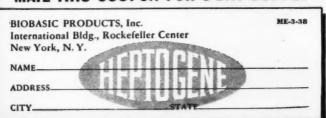
Gratifying to the physician as well as to the patient is the immediate reticulocyte response, noted in four days or less, resulting in marked appetite improvement and relief from secondary anemia symptoms of nausea, lassitude, sleeplessness, dermatic disorders and persistent headaches. Physicians report that these gains are well maintained after the medication has been discontinued.

*"A combination of small doses of iron, copper, liver, calcium and vitamins B and G were found to be of decided value in benefiting both the secondary anemic state and the symptoms resulting therefrom." N. Y. State Med., 37-1446, 1937.

H.I.D. [HEROIC IRON DOSAGE]



MAIL THIS COUPON FOR 8-DAY SUPPLY



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before diagnostic or therapeutic efforts have been completed. Expensive and time-consuming examinations are repeated unnecessarily.

"A central registration bureau will not only prevent the undesirable wandering, but it will make a more equable geographic distribution of patients, and the records will be a sociologic inventory of our charity dispensary needs.

"Thousands of dollars will be saved even beyond the cost of bureau administration."

FEWER, BETTER M.D.s

The president of the oldest university in America thinks that too many individuals are permitted to prepare for medicine and the law. In his annual report, recently released, Harvard's James B. Conant declares: "We are in danger of reaching the condition already so acute on the Continent...where the problem of unemployment in the learned professions demands attention even in countries racked by political and economic troubles."

Dr. Conant admits that size of

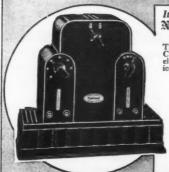
student bodies in medical schools is limited. Nevertheless, he notes that annually 60% more men graduate into medicine than die out of it.

"GIVE THEM DEATH!"

Charles F. Potter combines sincere credence in telepathy and clair-voyance with equally heartfelt belief in "mercy deaths." Under his influence the National Society for the Legalization of Euthanasia has recently taken shape. Among several notables on the society's board of trustees are Dr. Clarence Cook Little, of the American Society for the Control of Cancer; and Leon Fradley Whitney, secretary of the American Eugenics Society.

Formerly a preacher (Baptist, Unitarian, and Universalist), Mr. Potter has prevailed upon several legislators to promise to introduce euthanasia bills this year in Ohio, New York, and Congress. The proposed statutes would permit incurables to have themselves killed, provided they could get two disinterested doctors to certify them

National SIMPLIFIED CONTROL CAUTERY



It pays for itself many times over!
National SIMPLIFIED CONTROL CAUTERY
With 14 Exclusive Features

The AMERICAN MEDICAL ASSO-CIATION consistently recommends the electro-thermo cautery treatment of cervices, in preference to all other methods.

- The NEW National is the most IMPRESSIVE, the most COM-PLETE cautery ever developed.
- NO OTHER CAUTERY so easy to operate; 14 exclusive features.
- Furnished with "Dual Position" Cautery Pistol, with "Switch Lock."
- National CAUTERIES SELL FOR \$26.50 to \$39.50.
- ONLY cautery with the "Hidden Shelf."

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GAROL HAS HAD A PHYSICAL EXAMINATION_

The x-ray says: "Look for uniform density throughout as evidence of soundness" — and Agarol is a thoroughly uniform emulsion that acts the same way with every dose.

The microscope says: "Look for the small uniform oil globules" as a sign of thorough emulsification of Agarol. It means stability, freedom from oiliness, ready miscibility with water, milk, fruit juices or any other liquid.

The pharmacis says: "If it pours freely, it is the sign of a good emulsion." And, indeed, Agarol is a good mineral oil emulsion that has thoroughly proved its value in the relief of acute constipation and in the treatment of habitual constipation.

Ask us for the proof. Descriptive folder and a liberal supply of Agarol is at your disposal, but please write for them on your letterhead.

Agarol is available in 6, 10 and 16 ounce bottles. The average adult dose is one tablespoonful.

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AGAROL FOR CONSTIPATION



your patients SLEEP

If your patients are sensitive to noise, give them restful, natural sleep, without the use of drugs by recommending FLENTS—the soft plastic obturators that are easily inserted into the external auditory canal, shutting out all disturbing noise. Widely used and approved by physicians. Large Box, month's supply—\$1.00. Trial size 25c.

FLENTS

ANTI-NOISE EAR STOPPLES
On the market since 1927

FLENTS PRODUCTS CO., Inc.
103 Park Ave. New York City

ALKALOL does not irritate

For Tired and Irritated Eyes



Make this simple test yourself

ALKALOL

ALKALOL is indicated in inflammatory lesions of the Eye, Ear, Nose, Throat, Bladder and Vagina.

THE ALKALOL COMPANY
TAUNTON, MASS.

Write for free sample
ALKALOL

as incurable. Similarly, fatal arrangements could be made by custodians for imbecilic wards.

A year ago such a bill was lost in Nebraska's legislative hopper. Its twin will be thrown in this term.

X-RAY MOVIES

Medical students who want to observe the action of the heart as it beats or who want to see what takes place when a patient swallows a mouthful of food can now do so.

The technique which makes this possible combines cinematography and x-ray. It has been developed over a period of two years by Drs. William H. Stewart and Francis H. Ghiselin, of Manhattan's Lenox Hill Hospital.

The two doctors demonstrated their technique last month before the New York Electrical Society. Its value, they explained, lies in the fact that the functioning of internal organs can be studied and observed at leisure simply by showing the film which depicts it. Thus, neither examiner nor patient is subject to undue or prolonged exposure.

To make a film of a given organ in motion, the doctors said, an x-ray beam is directed at the patient so as to project an image of the organ onto a fluoroscopic screen. Photographing is done from behind the screen with a camera which is equipped with an exceptionally fast lens and a special type finder.

"These motion-picture films can be shipped to distant places for consultation and opinion on the condition of the patient at the present time or at any time in the past," Dr. Stewart said.

tained in inf Liquid Bull Osmotic Influence gives LIQUID BULK for COLONIC IRRIGATION all water.

HE osmotic influence of Sal Hepatica partially retards absorption of ingested liquids from the intestines. The resultant fluid bulk stimulates peristalsis; it lubricates and flushes the intestinal tract to help dispose of undesirable waste. The safety of Sal Hepatica lies in the fact that the added bulk is practically

The mineral alkalines of Sal Hepatica aid in neutralizing excessive stomach acidity. They are also efficiently cholagoguic, promoting digestion by increasing the flow of bile.

Sal Hepatica simulates the action of famous mineral spring waters. It makes a zestful, effervescent drink. Samples and literature available upon request.

SAL HEPATICA

Flushes the Intestinal Tract and Aids Nature to Combat **Gastric Acidity**

19-11 West 50th St. BRISTOL-MYERS COMPANY New York, N. Y.

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MEDICINE FOR STENOS

A coterie of specially-trained stenographers will soon be turned loose to serve medicine's purpose, if all goes well with a new course offered free by the Evening High School of Commerce in San Francisco. Dr. Harry M. Elder, a practicing physician, is in charge. Those with stenographic training are eligible. The purpose is to give them a basic understanding of medical terms. However, they will also get a broader grasp of medical problems than can be gained simply through vocabulary and spelling.

Dr. Elder will devote the first of his course's two hours to informal discussion of the profession's problems with such diseases as syphilis, cancer, tuberculosis, and infantile paralysis. He will also stress the dangers potential in nostrums and in consulting quacks. Dictation on medical subjects will take up the second hour.

SUBSCRIPTION FAKE

The following warning has been sent out by the Better Business Bureau of Philadelphia:

"Two individuals giving the names of M. R. Martin and W. B. Kitchen are calling upon physicians and collecting money in advance for subscriptions to magazines. They claim to represent the Atlas Sales Company, giving various addresses in Philadelphia. As premiums for subscriptions they offer two books (titled *Physicians Throughout the Ages*) or a medical directory. Checks given these solicitors are cashed immediately, but the doctors never receive the magazines or books. The company is



CALM!

INHALATION THERAPY

Effectively Relieves

BRONCHIAL ASTHMA BRONCHITIS
THROAT CATARRHS WHOOPING COUGH
COUGHS DUE TO COLDS

The vapors of Vapo-Cresolene go directly to the irritated nasal and bronchial membrane. reaching all parts, rapidly relieving the inflammation. Prolonged inhalation is antiseptic, antispasmodic, soothing and penetrating. More physicians now favor this method of treatment in respiratory disorders to avoid unnecessary dosing and gastric irritation. The treatment is administered with either electric or lamp type vaporizer. Special discount to physicians—Address: The Vapo-Cresolene Co., Dept. R, 62 Cortlandt St., New York.

Write for Literature

Vapo-(resolene,

and Control

HE universal acceptance of Calmitol is based upon the desirable pharmacodynamic action of this outstanding antipruritic. Promptly effective, Calmitol may be depended upon to allay the torment of pruritus for long periods, in all types of cutaneous affections, regardless of etiology.

Its formula (chlor-iodo-camphoric aldehyde, menthol, laevohyoscine oleinate in a vehicle of alcohol, ether, and chloroform) provides adequate local anesthesia to prevent the transmission of impulses responsible for the sensation of itching. Mild antisepsis and induced active hyperemia aid in the eradication of infection and hasten the removal of irritating toxins. In consequence, its action is sustained, intense, and dependable.

Camitol is indicated whenever itching must be stopped. It is of recognized value in dermatitis medicamentosa and venenata, urticaria, ringworm, eczema, intertrigo, and in pruritus ani and vulvae. Liberal test quantity sent upon request.

THOS. LEEMING & CO., Inc. 101 W. 31st STREET, NEW YORK



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Wherever Capillary Bleeding Occurs . . .

Menorrhagia and Metrorrhagia Bleeding Ulcers Epistaxis Tonsillectomy (best administered preoperatively)

Menopausal Bleeding Hematemesis, Hemoptysis Postoperative Capillary Bleeding

CEANOTHYN

will provide effective prophylactic and therapeutic control.

Ceanothyn promptly induces lowered clotting time by its catalytic effect on the coagulation mechanism. It is physiologically standardized, economical and convenient to administer, and never induces toxic after-effects.

Average Dose: 4 drams-repeat in 20 minutes if necessary.

FLINT, EATON & COMPANY
DECATUR ILLINOIS

unknown at the various addresses given,"

"This whole proposition appears to be an outright fraud," the Better Business Bureau told Medical Economics last month.

CANCER INSTITUTE

Seven thousand rabbits, rats, dogs, frogs, mice, guinea pigs, and chickens will soon become "guests" of the federal government at its new National Cancer Institute in Bethesda, Maryland. Air-conditioned cages are to be provided for them. The animals will be used in cancer research.

According to present plans, ground for the institute will be broken on July 1. Its construction is to be completed by the end of the year.

Legislation creating the National Cancer Institute was signed last summer by President Roosevelt. Besides \$750,000 for a laboratory building, it also appropriated \$700,000 a year for research.

The heads of the new institute have been authorized to follow the progress of cancer studies in general, to review research submitted to or initiated by them, and to appraise applications for grants in aid of cancer research projects.



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Now comes fluorescent chalk as an aid to the lecturer who must sometimes talk in the dark. Developed recently by the Westinghouse Electric & Manufacturing Company, it glows with a strong green light when irradiated with ultraviolet rays (e.g., those from a sunlamp enclosed in a black globe). Under normal light, the chalk looks and marks like the familiar school-room chalk.

Some physicians are said to be finding this new chalk useful for jotting memos on a blackboard during fluoroscopic examinations.

PHYSICIANS' ART

The first national exhibition of the American Physicians' Art Association will be held in the San Francisco Museum of Art during June. Thus, it will take place concurrently with the A.M.A. convention scheduled for San Francisco from June 13 to 17.

The association comprises medical men with ability in the fine arts. Entries for its exhibit are being accepted in the following classifications: oils, watercolors, sculpture, photography, pastels,

TAXOL

for Chronic Constipation

The mild, harmless and effective action of TAXOL in cases of stubborn Constipation makes it the prescription of choice. Backed by important clinical tests, it is worth your trial NOW! Send for generous sample today.

LOBICA INCORPORATED 1841 Broadway New York Prognosis in

ARTHRITIS

and

CHRONIC RHEUMATISM

is much brighter

when treatment combines sulphur, iodine, calcium and lysidin (ethylene-ethenyldiamine) in the form of

LYXANTHINE ASTIER

It relieves pain and numbness, reduces swelling and infiltration, increases muscular and joint motility, improves blood and lymph circulation, promotes elimination of toxic waste.

Administered Per Os

Non-toxic, non-irritant, cholagogue, agreeable and convenient to use. Clinical evidence justifies the use of Lyxanthine Astier in severe as well as mild cases.

Renders use of salicylates or any form of analgesic unnecessary.

DOSE: 1 teaspoonful, well dissolved in a glass of water, on an empty stomach, every morning for 20 days. Rest 10 days. Repeat, if necessary.

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etchings, crayon and pen-and-ink drawings (including cartoons), wood carvings, and book bindings. Scientific medical art work will not be accepted. Entries must be submitted by April 1 to the secretary of the American Physicians' Art Association, Suite 521-536 Flood Building, San Francisco.

PRACTICE VIA LECTURE

Several members of the Orange County (New York) Medical Society got referrals recently which they didn't expect.

Dr. Louis C. Kress, of the State Institute for the Study of Malignant Diseases, addressed the women of Middletown as part of a local cancer-education project. When he finished his talk, he offered to examine, free of charge, the first 25 in the audience who volunteered.

Response was immediate. Symptoms suggestive of cancer were discerned in several. They were urged to see their family physicians.

FOR UNSUNG HEROES

Dr. H. Boardman Stewart, long the family physician of his section of the Piedmont district of South Carolina, knows, after many years of active practice, who the unsung heroes of America really are. To himself and to others of his profession, he has erected on his family burial ground a unique monument.

This monument, located in the historic cemetery of the Fairview Presbyterian Church at Fountain Inn, S. C., is made in the shape of a double scroll placed back to

45 Years' Successful Application

\dots and Still Modern!

As medicine marches on, the physician's attention will here and there be diverted from an old stand-by product, to the newest development of the day. This is just as true in the case of tonics and restoratives as with other types of medicinals.

Gray's Glycerine Tonic Compound is one of those time tested prescriptions which veteran physicians know can never really be supplanted. There is always a time and place where it "fits in", with or without a companion treatment. For over 45 years the formula of Dr. John P. Gray has established its usefulness by improving appetite and nutrition, building resistance to colds and their related ailments, and combating nervous depression.

No change in the formula will ever be contemplated unless some important advantage can be gained. Gray's Glycerine Tonic Compound is a stable, dependable, year-round prescription. Clinical trial samples are available on request.

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danger of a "mistake" or "burn" with Norforms.

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- They remain in effective, antiseptic contact for many hours.
- Norforms can be used steadily—without irritation. They are soothing as well as antiseptic.

Samples free to physicians upon request.

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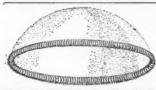
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 Illustrated technique of diaphragm fitting and Hospital size tube of LEN'S Surgical Lubricating Jelly sent FREE with order for sample diaphragm for one dollar and your Rx blank enclosed with order. If size diaphragm is not given, 75mm size will be sent.

TABLAX COMPANY

Pharma-Clinical Laboratories

32 Union Square, New York, N. Y.

back. One side bears the inscription, "Dedicated to the Memory of the Family Physician." The reverse side carries a tribute to the doctor's wife: "In Memory of those who keep the homefires burning during the doctor's absence on his errands of mercy."

On one end of the monument is carved a hand, grasping the familiar doctor's bag. On the opposite end is the brief inscription "Donated by H. Boardman Stewart, M.D."

Not only will the monument mark Dr. Stewart's final resting place; it will also mark that of other unsung heroes of the profession. Already several destitute practitioners have been buried on the plot surrounding it.

LIQUOR AND GAS

Seven rules calculated to curb intemperance in auto drivers and to decrease highway accidents are offered in a recent issue of National's Quarterly, published by National Distillers Products Corporation for the medical profession. To a bibliography of medical literature on the therapeutic uses of whiskey, the booklet adds these precepts:

1. On any occasion when the use of liquor is contemplated, leave the car at home.

2. Avoid liquor for at least two hours before driving.

3. Avoid liquor on long journeys especially.

4. Avoid liquor on any journey taken alone.

5. On a tour do not select an alcoholic beverage merely to relieve thirst.

6. Avoid the use of liquor under abnormal or difficult conditions

INSTANT TREATMENT FOR Genito-Urinary Infections



Sanmetto, without preliminary acidification or alkalinization, alleviates and soothes the irritation due to infection in the mucous membrane of the entire genito-urinary tract. Best therapeutic results are obtained when

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which call for the exercise of judgment and technical efficiency.

7. Never offer the departing guest "just another little drink" when he has already been well entertained and must drive home.

"PLANNED PARENTHOOD"

The American Birth Control League swung last month into a nationwide campaign to raise funds. "Planned Parenthood" is its slogan.

Statistics and pleas for cooperation from the profession punctuated the league's pre-campaign meeting.

"Let doctors take over birth control, wresting it from imposters and ignorant advisers." Thus, in effect, urged three league leaders—Drs. Eric M. Matsner, medical director; Clarence Cook Little, retiring president; and Richard N. Pierson, newly-elected president.

Dr. Pierson decried the fact that although 50% to 75% of the married couples in the country seek to space births, only 70 out of 4,200 general hospitals are equipped to help them.

A total of 374 clinics, medically supervised, now exist to serve the nation's 26,000,000 couples. That's an increase of 87 since a year ago. But the league is disgruntled because hardly 200,000 married women resort to the clinics.

Other birth control statistics were brought out in a recent issue of Fortune:

Business in contraceptives hits \$250,000,000 a year. This is "slightly bigger than the barbershop business and very slightly smaller than the jewelry business." Males spend but \$38,000,000 yearly on their own contraceptive armamentarium.

In Tokyo where cannon fodder is at a premium, Baroness Shizue Ishimoto, the "Margaret Sanger of Japan," has been told by the police to cease promoting birth control. Nippon's war lords are busy extolling the virtues of an unrestricted population.

ETHICS INSTILLED

No member of the Mahoning County (Ohio) Medical Society, charged with a breach of professional ethics, can ever plead ignorance. By virtue of a regulation imposed by the society's board of censors, all applicants for membership are presented with copies of the *Principles of Medical Ethics*. They are instructed to study them. Then, at a specified time, they appear before the board for an oral quiz on ethics. Failure to pass means additional study and, later, another quiz.

INGENUITY VS. DEATH

Ingenuity plus a horse, a match, and an A.M.A. membership card recently saved the life of Dr. Thomas Ward, of St. Joseph, Louisiana.

While hunting alone in a deso-



FOR BETTER BIRTH CONTROL

DISCERNING PHYSICIANS DISPENSE AND PRESCRIBE

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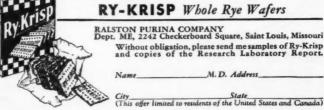
Doctors are finding Ry-KrispWhole Rye Wafers a natural aid for correcting common constipation due to insufficient bulk because ...

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RY-KRISP involves no unpleasant dosage. Instead it offers the tempting, crunchy goodness of a natural, delicious food-so good with any meal that patients gladly eat it regularly. For free samples and the Research Laboratory Report on Ry-Krisp use the coupon below.

RY-KRISP Whole Rye Wafers



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late swamp region, Dr. Ward fell from his horse, sustaining a broken leg. He blackened the end of a match in the bowl of his pipe. Then, on the back of his A.M.A. membership card, he scratched a message, revealing his plight and whereabouts. He fixed the card in the animal's bridle, and sent him homeward with a slap on the rump.

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Hours later, the equine messenger munched an extra portion of oats while a posse brought Dr. Ward home.

JAIL OVER VACCINE

A Blue Ridge mountaineer, John Marsh, recently completed his 65th jail term for being "sot agin" vaccination for his son. The 42-year-old Cumberland County (Pa.) carpenter has spent 325 days out of

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the last four years behind bars because he refuses to permit his boy to be immunized. Says he, "I'll rot in jail first."

A HOSPITAL BESET

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"What next?" wonder authorities at the Gallinger Municipal Hospital in Washington, D. C.

Last fall adverse publicity referred to the hospital as a "pesthole," inadequately staffed, oversupplied with employees showing four-plus Wassermanns, and with wards shamefully over-crowded. Since then, newspapers have reported that (1) a fire in the hospital burned a two-year-old patient to death; (2) a man "suffering from a brain concussion was turned away from the hospital as 'drunk'"; and (3) a woman patient was

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Katherine L. Storm, M.D.

Katherine L. Storm, M.D. 1701 Diamond St., Philadelphia found dead in the hospital grounds.

Latest material for Washington's reporters was supplied recently when 61 Gallinger nurses were stricken with ptomaine poisoning. As a result, according to one local daily, approximately half of an already too-scant nursing staff were laid up.

SYPHILIS OUTDOORS

One hundred billboards throughout New York City are attacking syphilis by urging blood tests for pregnant women. Expectant mothers are told to "safeguard baby's right to be born healthy."

The space was donated by the Outdoor Advertising Company. The posters were produced by the New York State Committee on Tuberculosis and Public Health.

This is an outgrowth of a campaign by state health departments and the U. S. Public Health Service to cover 28 states with some 2,000 anti-syphilis billboards.

THE DOCTOR'S DEBT

"Never forget that you are paying your debt to the destitute when you give them freely of all you have learned of medicine." Thus, the Rev. Alphonse Schwitalla, S.J. recently cautioned 150 staff men at the Hotel Dieu, historic New Orleans hospital. "Medicine has an obligation to the poor," continued the dean of the school of medicine at St. Louis University. "Upon whose bodies did you learn your medicine? You learned it upon the bodies of the poor ... That knowledge of yours in your profession is your debt to the destitute. Pay that debt!"

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—Goldziehr

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Diabetic Manual-Jostin

The Nervous Patient— Emerson

Skin Diseases-Schamberg

The Anemias-Castle-

Courts and Doctors-

Pulmonary Tuberculosis

Genite-Urinary Dis-

Interpretation of Lab.

Electrocardiography-

Heart Disease-Lewis

The Medical Secretary
-- Morse

Treatment of Rhoumatism-Copeman

Fractures and Dislocations—Geckeler

Treatment, Commoner

Diseases-Barker Compend of Surgery-

Lipshutz
Diseases of Nose,
Throat, and Ear—

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Compend of Obstetrics

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IN EXCHANGE FOR IDEAS!

Any book in the list at the left is yours in exchange for a usable idea (work-saver, time-saver, money-saver, or practice-builder) on the business side of medicine.

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HERE are a few typical aids to practice about which we have published items in the past: a successful follow-up system, a handy credit blank for patients, new ways to stimulate health examinations, a unique graduate study plan, a common-sense method of preparing for retirement, space-saving ideas for the undersized office, an ideal senior-junior partnership.

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For Distribution to Your Patients



Do you believe the public should be taught the evils of socialized medicine? Then you'll want to do your part by distributing copies of the pamphlet shown above. They're available at cost: 25c for a carton of fifty.

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The pamphlets have several unique advantages: They're brief—only about 900 words long. They're carefully worded to reflect the best professional ethics. They're comprehensible to anyone. And they're inexpensive and convenient to use.

No commercial or other imprint appears on them except the words, "Copyright, 1938, Medical Economics, Inc." in small type. They measure 6" x 31/3" and have two folds. A sample is yours for a three-cent stamp.

Medical societies may obtain the pamphlets in large lots (without cartons) for distribution among service clubs, legislative bodies, and other opinion-molding groups.

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Now They Are Ahead of the Pub-Lic, by Douglass W. Orr, M.D., and Jean W. Orr. The British medical profession's attitude toward health insurance. (Survey Graphic, February, 1937)

THE ACCIDENT OF BIRTH. Description of the birth control industry. (Fortune, February, 1938)

BOOKLETS

THE RACKET SERIES, by E. J. Ellison and F. W. Brock. An expose of today's non-violent schemes and frauds. (Frank W. Brock, 25c)

BOOKS

MILESTONES IN MEDICINE, by members of New York Academy of Medicine. (Appleton-Century, \$2)

Leaves From a Surgeon's Case-Book, by James Harpole. (Stokes, \$2.75)

A HISTORY OF WOMEN IN MEDICINE, by Kate C. H. Mead, M.D. (Haddam Press, \$6)

THE CONQUEST OF CHOLERA, AMERICA'S GREAT SCOURGE, by J. S. Chambers, M.D. (Macmillan, \$4.75)

YOUR MONEY AND YOUR LIFE, by Gilbert V. Seldes. The handling of personal finances. (Whittlesey House, \$2.50)

A TIME TO LAUGH, by Rhys Davies. Novel about a Welch mining doctor. (Stackpole, \$2.50)

VICTORIA'S GUARDIAN ANGEL, by Pierre Crabitès. Study of Baron Stockmar, physician to Queen Victoria. (Dutton, \$3)

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Fiery individualist. Gored every Borden inspector off the place until health system was explained to him. Later became firm advocate of Borden's quality control.

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PAIN RELIEF: Pain from hemorrhoids, burns, pruritis, fissures, ulcers, skin abrasions, eczemas, and sunburn, is said to have been relieved in numerous cases through the use of Eucupin Cintment. According to a descriptive leaflet, it has a strong germicidal action in addition to its analgesic properties. Rare Chemicals, Inc. (ME 3-38), Nepera Park, N. Y., will send you a sample and the leaflet upon request.

DIAPHRAGM INTRODUCER: Complete information about the new Koromex Diaphragm Introducer is contained in a leaflet just published by the Holland-Rantos Company (ME 3-38), 37 East 18th St., New York, N. Y. The new device is adjustable to fit any size diaphragm. A copy of the leaflet will be sent to you promptly upon request.

PARANASAL SINUSITIS: Want a free sample of P & B Base Iodine? Then write to E. Fougera & Company, Inc. (ME 3-38), 75 Varick St., New York, N. Y. P & B Base Iodine is applied locally in the treatment of nasal congestion and inflammation associated with head colds, upper respiratory infections, and paranasal sinusitis. It represents free, inorganic iodine dissolved in paraffin-free liquid petroleum.

FOOD-DRINK: Here's an offer of a free trial-size can of Cocomalt. This food-drink provides the diet with easily-assimilated iron, as well as calcium, phosphorus, and vitamin D. It is especially indicated during convalescence from illness, an operation, or childbirth—or when it is advisable to increase the weight of a malnourished child. Address the R. B. Davis Company (ME 3-38), Hoboken, N. J.

INDIGESTION: For obtaining quick relief in cases of indigestion, the manufacturers of Carbex Bell invite you to try their product. It's a soluble tablet of sodium bicarbonate and aromatics which, they say, is so palatable that the patient doesn't even know he is taking soda. It is especially useful for children. Address the Hollings-Smith Company (ME 3-38), Orangeburg, N. Y.

BODY CAVITY EXAMINATIONS: A folder is now available giving complete particulars about the new National Body Cavity Set. The instruments in this set can be used on infants, children, and adults (male or female) for rectal, vaginal, and urethral examinations. One handle, one illuminating system, one magnifying tel-

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escope, and one insufflator fit all sizes of tubular specula. For a copy of the folder, drop a line to the National Electric Instrument Company (ME 3-38), 36-16 Skillman Ave., Long Island City, N. Y.

COLDS: M.D.s are offered a generous sample of BiSoDoL, with literature about its uses. In treating colds and influenza, it provides an effective means of alkalinization, since it may be given in massive doses. BiSoDoL is also indicated for the relief of indigestion, stomach sourness, and heartburn. Address the BiSoDoL Company (ME 3-38), 130 Bristol St., New Haven, Conn.

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WHEAT CEREAL: A request on your letterhead will bring you a dozen generous samples of Wheatena, together with cooking instructions. Address the Wheatena Corporation (ME 3-38), Rahway, N. J.

NUTRITIONAL PROBLEMS: A trial supply of Cerevim is yours for the asking. In treating adult and child nutritional problems many doctors have found this pre-cooked cereal an excellent adjunct to the diet. Cerevim is a mixture of whole wheat, wheat germ, yellow corn, oats, and barley, to which

have been added powdered skimmed milk, dried brewers' yeast, malt, and sodium chloride. Write to Hugh Tebault & Company, Inc. (ME 3-38), 100 Sixth Ave., New York, N. Y.

GALLBLADDER AND LIVER DIS-EASE: Duochol, a new product, has just been introduced by the Paul Plessner Company (ME 3-38), 3538 Brooklyn Ave., Detroit, Mich. It is indicated for treating chronic cholecystitis, stone-free cholangitis, toxic hepatitis, and biliary insufficiency. Duochol's content of purified bile salts and sodium salicylate is said to augment the production of bile by the liver cells, and to enhance gallbladder evacuation.

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RESPIRATORY AFFECTIONS: The makers of Angier's Emulsion offer a trial bottle of their product, and suggest its use in the acute stage of and during convalescence from influenza, grippe, pneumonia, bronchitis, and common colds. Any remaining catarrh, it is claimed, will be reduced, while the tonic effects of the product restore tone to the system. Write to Angier Chemical Company (ME 3-38), Allston District, Boston, Mass.

OXYGEN THERAPY: A handbook of Current Practices in Operating Oxygen Therapy Equipment is offered free to doctors by the makers of the Linde R-50 Oxygen Therapy Regulator. Also, Linde motion picture film on the technical and mechanical phases of oxygen therapy is available for use by medical groups. Write the Linde Air Products Company (ME 3-38), 30 E. 42nd St., New York, N. Y.

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